ANNUAL REPORT

FOR THE YEAR ENDED
MARCH 31 1983

Alberta

HOSPITALS AND MEDICAL CARE

HEALTH CARE INSURANCE PLAN

85-1529/

THE ALBERTA HEALTH CARE INSURANCE PLAN

ANNUAL REPORT

FOR THE YEAR ENDED

MARCH 31, 1983

June, 1984

TO THE HONOURABLE GERARD J. AMERONGEN,
Speaker of the Legislative Assembly of Alberta

SIR:

I have the honour to present the Annual Report of the Alberta Health Care Insurance Plan for the year ended March 31, 1983.

Respectfully submitted,
D.J. RUSSELL
Minister of Hospitals
and Medical Care

June, 1984

TO THE HONOURABLE D.J. RUSSELL,
Minister of Hospitals and Medical Care,
Legislative Building,
Edmonton, Alberta.

SIR:

I am pleased to present this 14th annual report which provides details of Alberta Health Care Insurance Plan activities and Health Care Insurance Fund operations for the fiscal year beginning April 1, 1982 and ending March 31, 1983.

Respectfully submitted,
LLOYD C. GRISDALE, M.D.
Deputy Minister of
Hospitals and Medical Care

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1. HIGHLIGHTS

For the 12 month period — April 1, 1982 to March 31, 1983

REGISTRATION

During the year, the number of persons covered increased 1.70% to 2,464,253 and the number of registrations increased 0.85% to 1,126,539.

The number of registrants receiving coverage at reduced premium rates decreased.

	Registrations March 31, 1983	Registrations March 31, 1982
Complete Subsidy — (based on taxable income)	40,689	43,267
Partial Subsidy — (based on taxable income)	3,783	3,702
Total Subsidized Registrants	44,472	46,969

The number of registrants in the 65 years of age and older group, who were exempted from premium payment, increased 3.27% to 142,153 and the number of persons covered increased 3.24% to 209,629.

The number of registrants in the social allowance recipient group, who received premium free coverage, increased 31.97% to 58,044 and the number of persons covered increased 38.23% to 133,115.

The number of registrants who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, increased 556.52% to 151.

The number of groups decreased 4.39% to 13,502 and the number of persons under group coverage increased 1.28% to 1,613,193. These figures included registrants 65 years of age and older and their spouses and dependants, and registrants in receipt of an allowance under The Social Development Act.

Registrants who chose to opt out of the Plan for the year ended March 31, 1983 increased 3.39% to 122 from 118. This involved 327 persons who were responsible for paying for their own health services.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

The number of registrations under Alberta Blue Cross Non-Group coverage increased 2.12% to 233,362 and the number of persons covered grew 1.79% to 437,681. This was due to continuing increases not only in registrants purchasing Alberta Blue Cross Non-Group Memberships at regular rates, but also in registrants age 65 years and older who were granted free coverage for Alberta Blue Cross.

FEDERAL COST-SHARING

Under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, federal contributions to the provinces consist of tax-point transfer and direct cash contributions. Only the Medicare portion of the cash contributions is paid directly to the Plan. In 1982-83, this amounted to $77,372,000.

PAYMENTS OF BENEFITS

During the year, 24,927,000 claim records were received, representing an increase of 16.93% over the previous year. An average of 100,000 claim records per working day were received compared with 86,000 in the previous year. Also included are Workers' Compensation Board claims received from January 1 to March 31, 1982 during the 1981-82 fiscal year, and from April 1, 1982 to March 31, 1983 during the 1982-83 fiscal year.

Total payments for Basic Health Services increased 29.38% to $474,296,006 from $366,591,884.

The Workers' Compensation Amendment Act, 1981 and its consequential amendment to the Alberta Health Care Insurance Act effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for Basic Health Services provided to injured workers coming under the Workers' Compensation Act. The Health Care Statutes Amendment Act, 1983, assented to June 6, 1983, amended the Alberta Health Care Insurance Act and transferred back to the Workers' Compensation Board the responsibility for payment of these health services effective January 1, 1982. These payments, for the period January 1, 1982 to March 31, 1983, which are recoverable from the Workers' Compensation Board, were not included in the payments for Basic Health Services.

Fee-for-service payments for Basic Health Services and their changes over the previous year were:

Medical	$430,989,454 a	28.75% increase of	$96,229,369
Oral Surgery	$ 6,424,644 a	52.66% increase of	$ 2,216,123
Chiropractic	$ 18,846,241 a	21.27% increase of	$ 3,305,346
Optometry	$ 7,556,805 a	20.31% increase of	$ 1,275,612
Podiatry	$ 2,316,356 a	29.00% increase of	$ 520,702
Physiotherapy	$ 6,333,150 a	168.91% increase of	$ 3,978,003

The number of Alberta practitioners claiming during the year and the percentage change from the previous year were:

Physicians	3,071	5.57% increase
Dental Surgeons	750	14.33% increase
Chiropractors	297	4.21% increase
Optometrists	193	2.66% increase
Podiatrists	17	13.33% increase
Physiotherapists	161	36.44% increase

The average fee-for-service payments to Alberta practitioners and the percentage change over last year were:

Physicians	$138,457	22.03% increase
Dental Surgeons	$ 8,552	33.48% increase
Chiropractors	$ 63,149	16.37% increase
Optometrists	$ 39,020	17.22% increase
Podiatrists	$135,917	13.95% increase
Physiotherapists	$ 39,201	96.83% increase

In addition to fee-for-service payments for Basic Health Services, $1,829,356 was paid to Provincial and Federal Departments and Agencies and groups of medical practitioners for health care services provided on salary, sessional and contract arrangements.

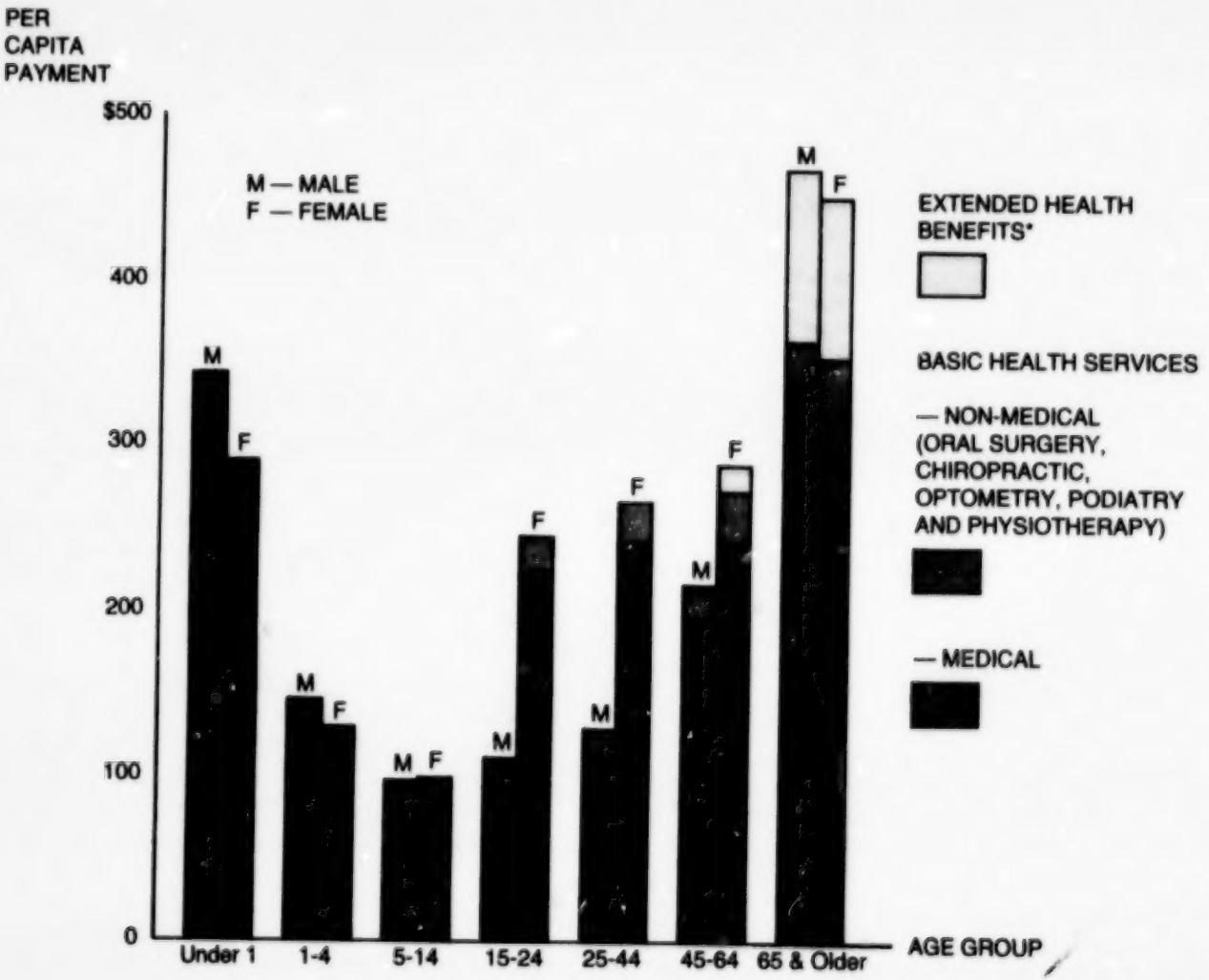
The Plan's average cost of fee-for-service benefits for Basic Health Services increased 27.30% to $191.73 per person.

EXTENDED HEALTH BENEFITS

Under the Extended Health Benefits Program, where a registrant or spouse was 65 years of age or older, they and their dependants were entitled to receive dental and optical benefits. The total payments and average cost per person for these benefits were:

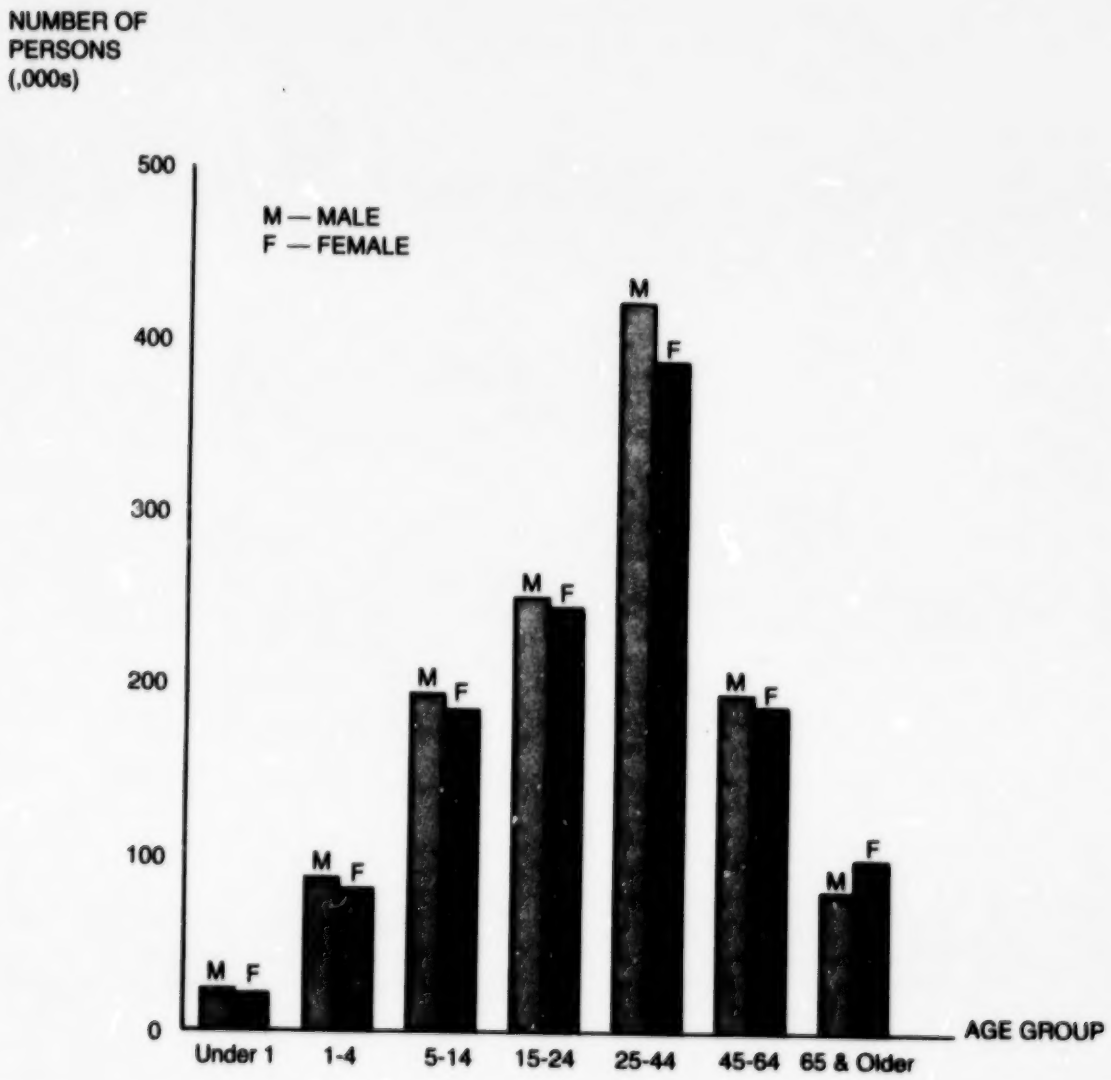
Dental	$13,411,368	$63.98
Denturists	$ 4,780,153	$22.80
Optometry	$ 1,883,119	$ 8.98
Ophthalmic Dispensers	$ 1,699,429	$ 8.11

DISTRIBUTION OF AVERAGE PAYMENTS PER PERSON COVERED FOR BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS BY AGE AND SEX FOR THE YEAR ENDED MARCH 31, 1983



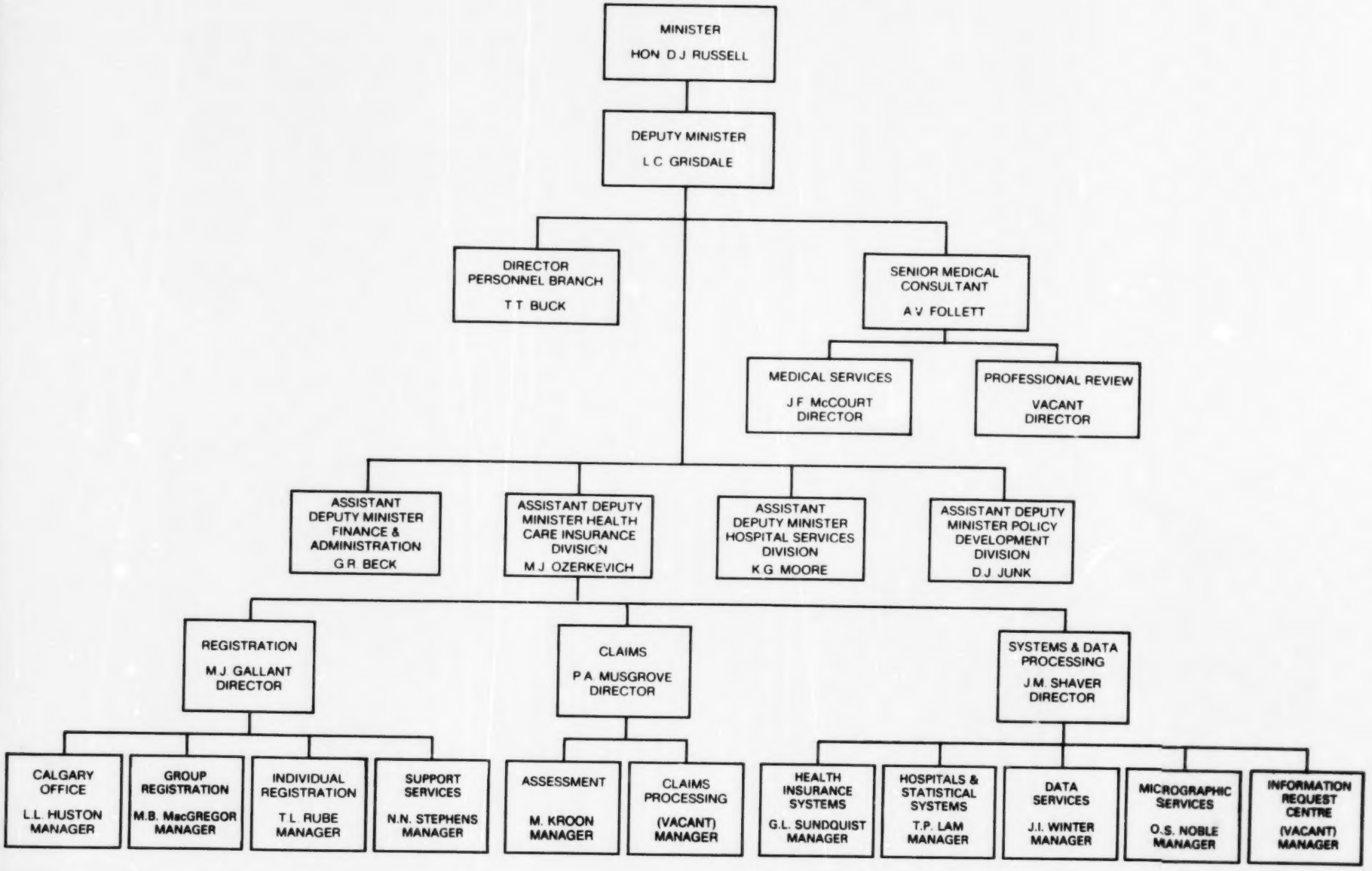
*Cover residents 65 years of age and older and their spouses and dependants.
NOTE: Where per capita payment was less than $1.00 it was not indicated.

DISTRIBUTION OF PERSONS COVERED FOR BENEFITS BY AGE AND SEX AT MARCH 31, 1983



2. ORGANIZATION CHART

ALBERTA HOSPITALS & MEDICAL CARE
HEALTH CARE INSURANCE PLAN
MARCH 31, 1983



3. ADMINISTRATION OF THE PLAN

Lloyd C. Grisdale M.D., Deputy Minister, was directly responsible to the Honourable David J. Russell, Minister of Alberta Hospitals and Medical Care, for the administration of the Alberta Health Care Insurance Plan and the operation of the Health Care Insurance Fund.

Michael J. Ozerkevich, Assistant Deputy Minister of the Health Care Insurance Division, was responsible to the Deputy Minister for the day-to-day operation of the Plan, assisted by the directors of the three branches of the division. Providing support were the Finance and Administration Division and the Policy Development Division, as well as the Senior Medical Consultant and Personnel Branch.

REGISTRATION BRANCH

Marcel J. Gallant was Director of this branch which was responsible for:

- registration of all residents and the updating of registration information;
- recording of Alberta Blue Cross Non-Group memberships obtained through the Plan;
- premium billing;
- public information services in Edmonton and Calgary, and
- field staff which provided assistance to employers and others operating under the group plan.

CLAIMS BRANCH

Phillip A. Musgrove was Director of this branch which processed claims for:

- benefits for Basic Health Services provided both within and outside the Province;
- optical and dental benefits, provided both within and outside the Province, under the Extended Health Benefits Program;
- benefits for Workers' Compensation Board patients;
- special benefits under the Emergency Financial Assistance Program, and
- benefits for insured hospital services provided outside Alberta.

SYSTEMS AND DATA PROCESSING BRANCH

Joseph M. Shaver was Director of this branch which provided information systems support to the Plan in the areas of:

- EDP planning;
- new project development;
- maintenance and enhancements to existing systems;
- data processing operations, including data conversion, data control, computer processing and monitoring computer processing;
- liaison with the Information Services Division of Alberta Government Services, and
- micrographics systems and services.

DEPARTMENTAL SUPPORT

FINANCE AND ADMINISTRATION DIVISION

This division, under Assistant Deputy Minister George R. Beck, provided support by:

- maintaining financial and accounting records;
- collecting premium and other revenues;
- preparing budget and fiscal reports;
- administering office services and facilities management;
- providing revenue and expenditure control;
- maintaining an internal audit program;
- providing legislative planning, interpretations and legal services, and
- providing internal and external communication services.

POLICY DEVELOPMENT DIVISION

This division, under Assistant Deputy Minister Donald J. Junk, provided support by:

- initiating, coordinating and administering health economics research;
- gathering statistical data, and
- preparing data for fee negotiations with the health professions.

SENIOR MEDICAL CONSULTANT

This sector, under Senior Medical Consultant Arthur V. Follett M.D., provided support by:

- providing professional advice for the planning, delivery and economics of insured services programs;
- maintaining liaison with practitioners and their professional associations;
- developing claims assessment policies and reviewing the accuracy of claims submissions;
- conducting educational and technical training programs for the claims assessment staff, and
- issuing Statements of Benefits whereby all registrants of the Plan received notification with regard to benefits paid on their behalf.

PERSONNEL BRANCH

This branch, under Director Terrence T. Buck, administered the Plan's personnel services, which included recruitment and selection of staff, pay and benefits administration, job classification, staff relations, employee performance evaluation, health and safety, and organization development and training.

4. PROCESSING DIAGRAMS

REGISTRATION / PREMIUM COLLECTION

1 New registrations, status changes and payments are forwarded to the Plan directly from registrants or through employer groups.

2 Documents are checked, sorted and coded in preparation for computer processing. Microfilm and computer records are checked to verify current status of the residents and groups.

3 The documents are microfilmed for future reference and the information is converted to computer processable transactions through data entry equipment. Edits and validation checks are performed with rejected information returned for further checking and recoding.

4 Valid transactions are transmitted to the Central Computer Systems where additional edits and verification are performed and the Registration Master File updated weekly.

5 The updated Registration Master File is used for a variety of purposes such as:

a) determining eligibility of registered residents,

b) preparing new or revised Health Insurance Cards,

c) preparing Premium Notices to registrants,

d) preparing Premium Notices to groups, and

e) management, accounting and statistical reporting.

CLAIMS

(Average of 500,000 claim records per week)

1 Claims are initiated in the practitioners' offices and sent to the Alberta Health Care Insurance Plan either in the form of claim cards or certified listings supported by magnetic tapes.

2 Upon receipt at the Plan the claim cards are sorted and identified as to payee.

3 The claim cards and listings are microfilmed and dated as to date of receipt.

4 A Claims in Process file is established to facilitate answering inquiries regarding claims processing.

5 The claim cards and listings are scanned for completeness, and the claim cards coded where necessary. The assessed cards are again microfilmed.

6 The claim cards are data converted for computer processing.

7 The claims are then read into the computer assessing system and each claim is checked against stored information to ensure that the claim is for an approved service by a registered practitioner for an eligible patient. The claims are also checked against a patient history file to ensure they do not conflict with prior benefits paid.

8 Claims which appear to be incorrect are rejected by the computer system and are reviewed further by the assessment staff ⑤. Certain of these claims are payable, and with the appropriate corrections the claims are re-entered at the data conversion stage ⑥. Unprocessable claims are returned to the submitter with explanations.

9 Claims which pass the computer assessment are paid weekly.

5. CHANGES TO RATES OF BENEFITS

The Minister of Hospitals and Medical Care increased the rates payable under the Schedules of Benefits of the Plan from January 1, 1983 (with the exception of the Schedule of Physiotherapy Benefits, where the increase was effective March 1, 1983) as follows:

Basic Health Services		
Physicians	—	5.00%*
Dentists	—	5.00%
Optometrists	—	5.00%
Podiatrists	—	5.00%
Chiropractors	—	5.00%
Physiotherapists	—	6.00%**
Extended Health Benefits		
Dentists	—	5.00%
Denturists	—	5.00%
Optometrists	—	5.00%
Ophthalmic Dispensers	—	5.00%

* The Government of Alberta committed a fund of $7.5 million to cover certain added benefits effective July 1, 1982. These benefits include payments for mandatory consultations, re-designation of the workday start, differentials for evening and nights, and differentials for weekends and holidays. The fund represented an additional 4.8% increase to the Benefit Schedule effective July 1, 1982.

** Effective March 1, 1983 to give an annual increase of 5.00%.

6. FINANCING OF THE PLAN

The Plan was financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the remainder.

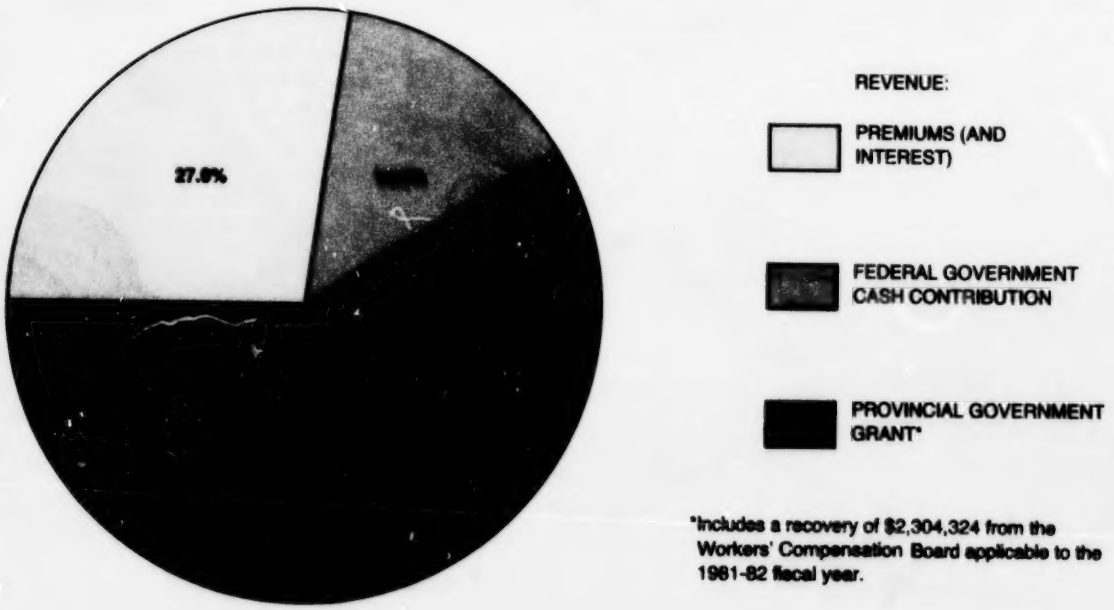
Premiums financed 27.0% of the cost of the Plan, versus 33.7% for last year.

Government of Canada cash contributions accounted for an additional 13.5% of the cost as compared with 18.2% for the previous year.

The remaining 59.5% was funded by a grant from the Government of Alberta*. Last year this grant covered 48.1%.

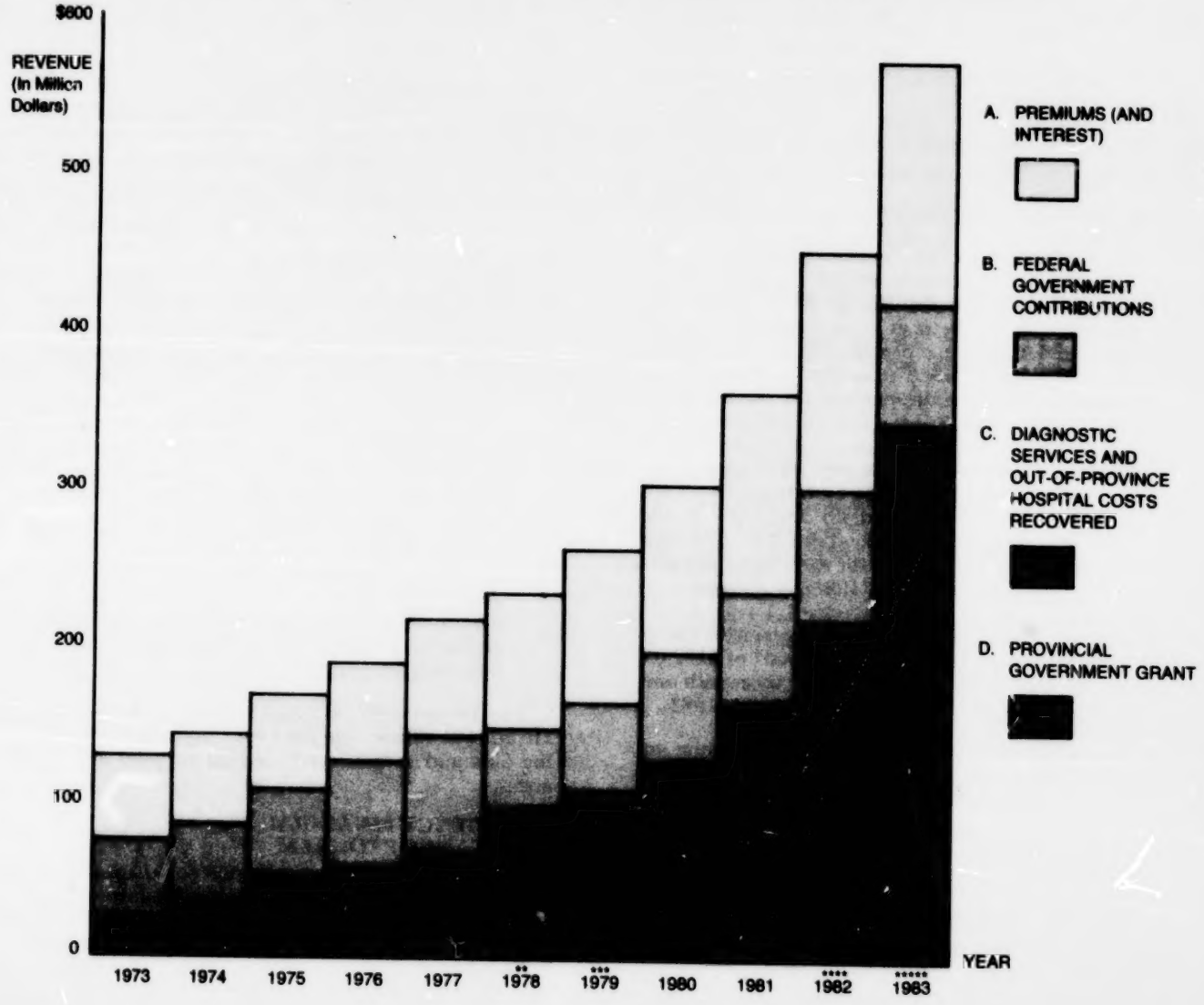
Since April 1, 1977, Government of Canada contributions to the provinces have been in the form of transfer of tax points and direct cash payments. Only the Medicare portion of the direct cash payments was received by the Plan.

SOURCES OF REVENUE FOR THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEAR ENDED MARCH 31, 1983 *



*Includes a recovery of $2,304,324 from the Workers' Compensation Board applicable to the 1981-82 fiscal year.

SOURCES OF REVENUE FOR THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31*



NOTES:

*Estimated on an accrual basis for 1973 to 1977 from audited statements of revenues.

**Effective April 1, 1977, the federal government contributions included direct cash contributions only, and therefore were not comparable to the previous years.

***The recovery of diagnostic services costs and out-of-province hospital costs was discontinued effective April 1, 1977 and 1978, respectively.

****Excludes provincial government contributions covering expenditures for Workers' Compensation Services for the period from January 1 to March 31, 1982.

*****Provincial government grant includes a recovery of $2,304,324 from the Workers' Compensation Board applicable to the 1981-82 fiscal year.

7. BENEFITS OF THE PLAN

Benefits on a fee-for-service basis were based on approved schedules of benefits and paid to registered residents of Alberta or, on their behalf, directly to practitioners. Available benefits were:

BASIC HEALTH SERVICES

- Medically required services of general practitioners and specialists.
- Specified oral surgical procedures carried out by dental surgeons.
- Optometric services limited to one eye examination including refraction and the writing of a prescription for the fitting of glasses in each benefit period* and limited to a maximum of $23.75 (effective January 1, 1983). Benefits for more than one eye examination may be paid in each benefit period if the optometrist of that person satisfies the Minister in writing that more than one assessment is required. The Plan did not pay for the fitting or cost of glasses.
- Chiropractic services to a maximum of $11.50 for each visit with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. This coverage included $19.00 for x-rays for each particular disability (effective January 1, 1983).
- Approved podiatric services and appliances. There was a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants (effective January 1, 1983).
- Physiotherapy services to a daily maximum of $18.70 per person, with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. These limits were waived for cases which were considered a continuation of inpatient hospital care under the joint referral of the attending physician and hospital physiotherapy department, and for registrants aged 65 years and older, their spouses and dependants.

* A benefit period consists of 12 months, beginning the first of each July and running until the end of the following June.

HOSPITAL SERVICES

Coverage included hospital services provided under The Alberta Hospitalization Benefits Plan.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Alberta Blue Cross Non-Group Membership was provided through the Alberta Health Care Insurance Plan at no cost to registrants aged 65 and older and to their spouses and dependants. Non-Group membership was also available at reduced rates to other registered residents unable to obtain similar coverage through their place of employment.

The Alberta Blue Cross Plan, operated by the Alberta Hospital Association, was reimbursed by the Alberta Health Care Insurance Plan for the claims expenditure and for the associated administrative costs.

EXTENDED HEALTH BENEFITS

This program was provided without payment of a premium for registrants aged 65 and older and their spouses and dependants. The following benefits were paid in accordance with approved schedules of rates:

- Dental goods and services including restorative, surgical and prosthetic dental care and repairs to dentures. Not more than $1,200 was payable on behalf of one person for any two consecutive calendar years. A complete or partial dental plate or a reset for a given arch was payable only once in every five years and a reline or rebase once in every two years.
- Optical goods and services prescribed following an eye examination or required to maintain the prescription. A benefit for new eyeglasses was not payable more than once in every three years unless the eyeglasses had been accidentally damaged beyond repair or a change of prescription was necessary following surgery affecting vision.

The Department of Social Services and Community Health was responsible for providing benefits for hearing aids and surgical and medical supplies and appliances.

EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Under this program, a registrant could apply for special consideration to help in paying for insured health and hospital services received outside Alberta, if the costs exceeded the benefits payable by the Alberta Health Care Insurance Plan and the Alberta Hospitalization Benefits Plan and the excessive cost placed an undue burden on the registrant's financial resources. Application for assistance could be made when:

- the required services were not available in Alberta, or
- during temporary absence from Alberta, the services were required because of an emergency which could not have been foreseen or guarded against.

8. MONTHLY PREMIUM RATES

BASIC HEALTH SERVICES

Regular Premium Rates	
Single	$ 9.50
Family	19.00
Registrant or Spouse aged 65 and older	
Single or Family	Nil
Reduced Premium Rates	
Single, Taxable income more than $3000 but not more than $4000	4.85
Family, Taxable income more than $4000 but not more than $5000*	9.70
Single, Taxable income not more than $3000	Nil
Family, Taxable income not more than $4000*	Nil
Social Allowance Recipients	Nil
Waiver of Premium (due to financial hardship)	Nil

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Regular Premium Rates	
Single	$3.80
Family	7.60
Registrant or Spouse aged 65 and older	
Single or Family	Nil
Reduced Premium Rates	
Single, Taxable income not more than $4000	2.70
Family, Taxable income not more than $5000*	5.40

*For family registration, taxable incomes of husband and wife are combined.

Note: The premium rates for Basic Health Services became effective July 1, 1981, while the premium rates for Alberta Blue Cross Non-Group Membership became effective July 1, 1982.

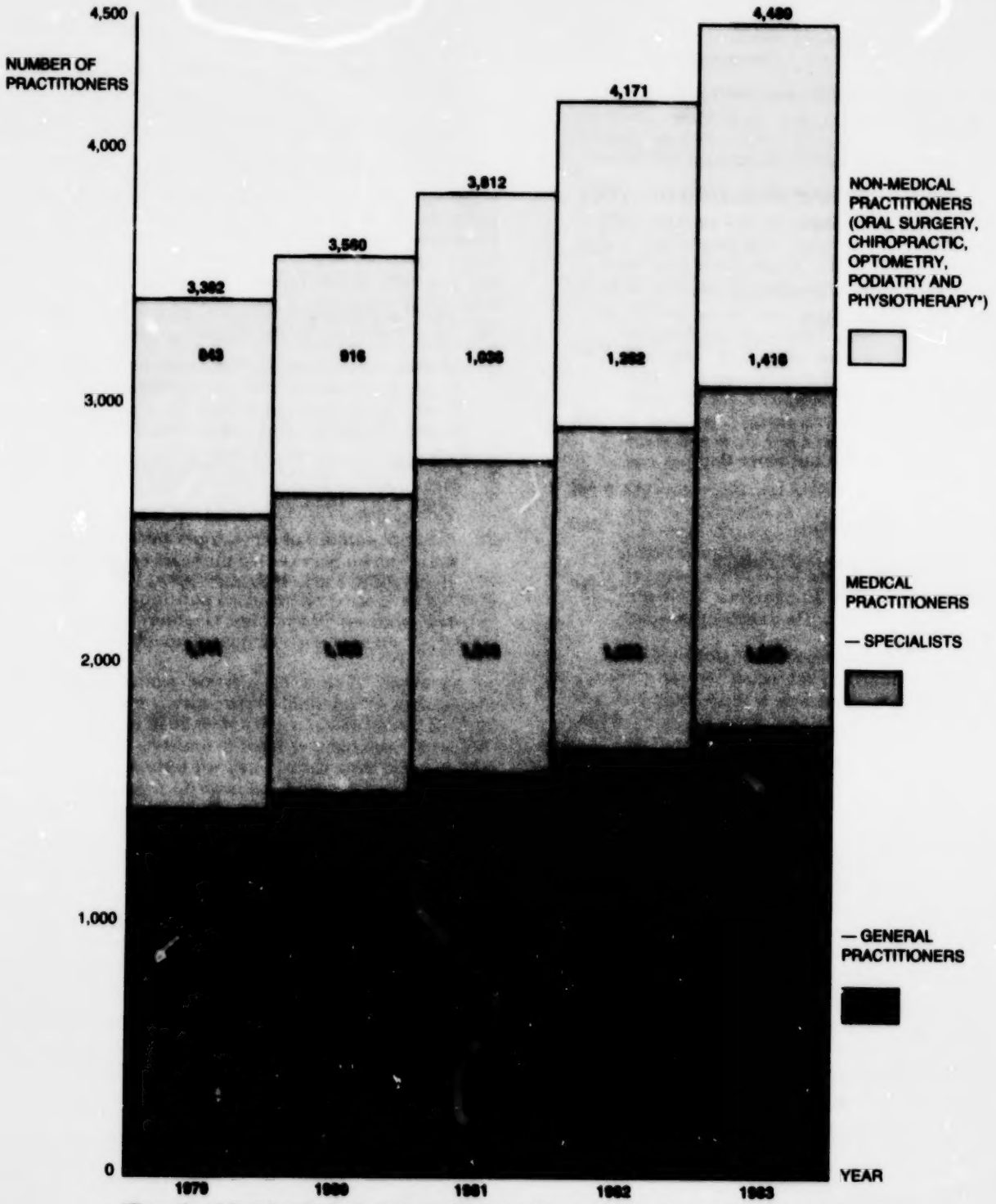
9. FIVE YEAR SUMMARY

Selected comparative statistical data for the past five years are illustrated by the following charts:

1. Number of Alberta practitioners who received payments for Basic Health Services from the Alberta Health Care Insurance Plan for the years ended March 31, 1979, 1980, 1981, 1982 and 1983.
2. Average payment per person covered for Basic Health Services for the years ended March 31, 1979, 1980, 1981, 1982 and 1983.
3. Average number of services per person covered for Basic Health Services for the years ended March 31, 1979, 1980, 1981, 1982 and 1983.

CHART 1

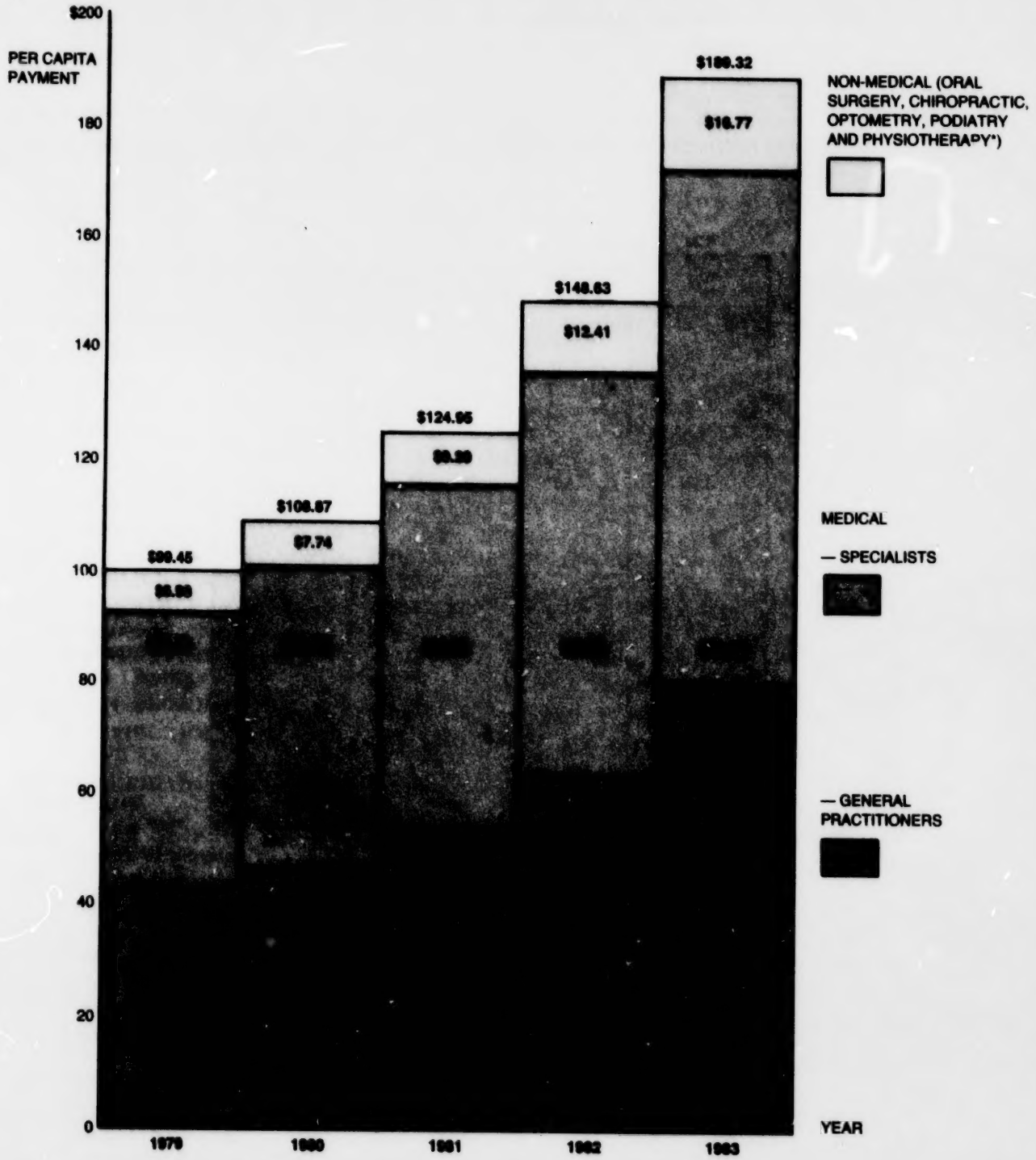
NUMBER OF ALBERTA PRACTITIONERS WHO RECEIVED PAYMENT FOR BASIC HEALTH SERVICES FROM THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31



*The number of physiotherapists for the fiscal year 1981-82 includes only those practitioners who received fee-for-service payments during the nine-month period July 1, 1981 to March 31, 1982.

CHART 2

AVERAGE PAYMENT PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31

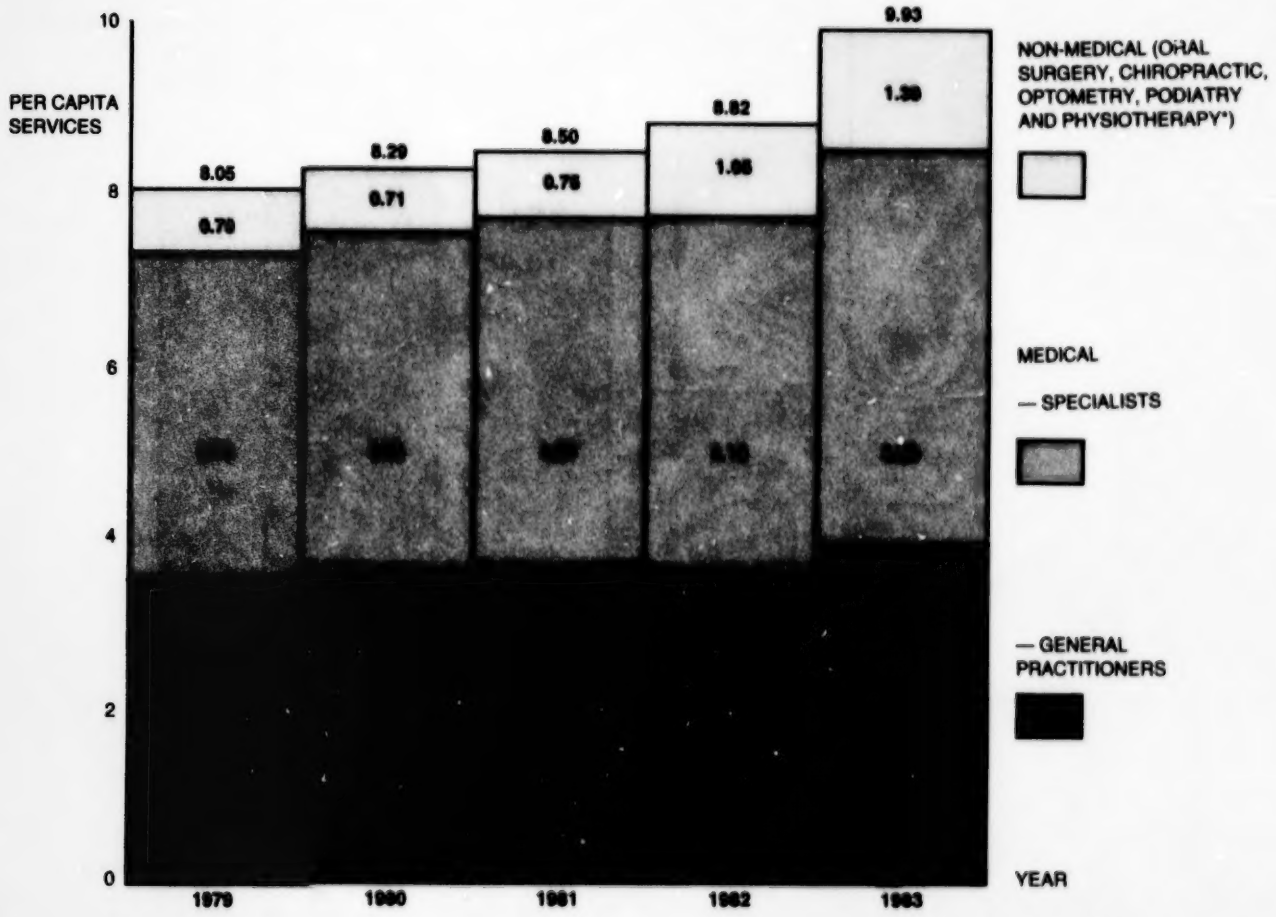


*The amount paid to physiotherapists for the fiscal year 1981-82 includes only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982.

NOTE: Only fee-for-service payments to Alberta practitioners are included.

CHART 3

AVERAGE NUMBER OF SERVICES PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



*The amount paid to physiotherapists for the fiscal year 1981-82 includes only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982.

NOTE: Only services provided by Alberta practitioners on a fee-for-service basis are included.

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EXPLANATORY COMMENTS

The following are explanatory remarks relating to statistical tables tabulated from the registration and claims-payment files of the Alberta Health Care Insurance Plan.

(A) Registration

1. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily absent from the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.
2. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.
3. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.
4. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

(B) Claims-Payment

1. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older, their spouses and their dependants.
2. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.
3. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.
4. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.
5. To make statistical data more manageable, a grouping of medical practitioners is necessary for certain cross-tabulations. The grouping consists of (i) General Practitioners, (ii) Medical Specialists, (iii) Surgical Specialists and (iv) Laboratory Specialists. The Medical Specialists group is composed of anaesthetists, dermatologists, internists, neurologists, paediatricians, psychiatrists and physiatrists. The Surgical Specialists group is made up of general surgeons, urologists, neurological surgeons, obstetricians-gynaecologists, ophthalmologists, rhino-otolaryngologists, orthopaedic surgeons, plastic surgeons and thoracic surgeons. The Laboratory Specialists group consists of pathologists and pathology laboratories, radiologists and radiology laboratories and other laboratories such as E.E.G. (electroencephalogram) laboratories.
6. Osteopathic services are included in medical services.
7. The number of discrete patients is defined as the number of different registered persons receiving at least one service during the period reported.
8. Payments for Basic Health Services provided to injured workers coming under the Workers' Compensation Act, which are recoverable from the Workers' Compensation Board, have not been included in the payment data shown in the following statistical tables.

NOTE

The statistics in the following tables cannot be used as an accurate measure of a full-time practitioner's income as:

(1) practitioners receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);
(2) both full-time and part-time practitioners are included in the statistics;
(3) the figures quoted are gross payments from which practitioners pay their office expenses.

MEDICAL BENEFITS TABLE 1
SELECTED INDICATORS
For the years ended March 31

	1981	1982	1983	Percentage Change 1982/1981	Percentage Change 1983/1982
Number of Registered Persons	2,306,428	2,423,043	**2,464,253**	5.06%	**1.70%**
Number of Medical Practitioners					
All Practitioners	2,776	2,909	**3,071**	4.79%	**5.57%**
General Practitioners	1,558	1,656	**1,749**	6.29%	**5.62%**
Medical Specialists	586	615	**671**	4.95%	**9.11%**
Surgical Specialists	496	500	**504**	0.81%	**0.80%**
Laboratory Specialists	136	138	**147**	1.47%	**6.52%**
Total Medical Payments*	$266,764,212	$330,073,803	**$425,200,258**	23.73%	**28.82%**
Total Number of Medical Services*	17,861,365	18,823,111	**21,043,099**	5.38%	**11.79%**
Number of Medical Services Per Practitioner	6,434	6,471	**6,852**	0.58%	**5.89%**
Total Medical Payment Per 1,000 Persons	$ 115,661	$ 136,223	**$ 172,547**	17.78%	**26.67%**
Total Number of Services Per 1,000 Persons	7,744	7,768	**8,539**	0.31%	**9.93%**
Average Payments					
All Practitioners	$ 96,097	$ 113,466	**$ 138,457**	18.07%	**22.03%**
General Practitioners	79,288	92,475	**112,055**	16.63%	**21.17%**
Medical Specialists	75,402	88,400	**105,469**	17.24%	**19.31%**
Surgical Specialists	106,837	126,670	**155,717**	18.56%	**22.93%**
Laboratory Specialists	338,649	429,228	**543,977**	26.75%	**26.73%**
Median Payments					
All Practitioners	$ 84,135	$ 96,661	**$ 116,351**	14.89%	**20.37%**
General Practitioners	82,238	93,348	**112,017**	13.51%	**20.00%**
Medical Specialists	75,891	85,080	**103,097**	12.11%	**21.18%**
Surgical Specialists	108,683	129,136	**151,160**	18.82%	**17.05%**
Laboratory Specialists	49,872	67,449	**70,156**	35.24%	**4.01%**
Discrete Patients (Medical)**	1,879,463	1,943,145	**2,041,349**	3.39%	**5.05%**
Discrete Patients Per Practitioner	677	668	**665**	−1.33%	**−0.45%**

* Only fee-for-service items paid to practitioners in Alberta are included.

** Discrete Patients means the number of persons who have received at least one service during the period.

MEDICAL SERVICES PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE

For the years ended June 30, 1973 to 1977 and March 31, 1978 to 1983

TABLE 2

Type of Service	Years Ending June 30					Years Ending March 31						Percentage Change 1983/1982	Annual Average Percentage Change (1973-1983)
	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983		
Consultations	159	164	175	179	193	195	207	210	218	226	**234**	**12.39%**	4.92%
Office Visits	2,593	2,699	2,858	2,917	3,080	3,022	3,110	3,164	3,269	3,244	**3,561**	**9.77**	3.31
Hospital Visits	955	949	899	850	826	786	775	767	706	676	**742**	**9.76**	−2.56
House Visits	214	211	217	219	213	175	157	149	149	143	**110**	**−23.08**	−6.60
Major Surgery	69	68	64	64	67	66	66	64	63	61	**67**	**9.84**	−0.30
Minor Surgery	87	86	90	86	93	99	98	96	101	101	**108**	**6.93**	2.24
Surgical Assists	40	37	35	33	32	30	29	27	29	27	**28**	**3.70**	−3.59
Obstetrical Services	19	20	20	20	21	21	21	22	22	22	**23**	**4.55**	1.98
Anaesthesia	131	130	139	137	135	132	133	143	144	142	**153**	**7.75**	1.60
Radiology Services	310	310	322	313	321	318	321	296	287	271	**290**	**7.01**	−0.68
Pathology Services	1,466	1,486	1,622	1,724	1,724	1,739	1,904	2,141	2,243	2,328	**2,637**	**13.27**	6.21
Other Diagnostic and Therapeutic Services	589	647	636	614	621	592	613	591	608	616	**659**	**6.98**	1.16
Total	6,632	6,807	7,077	7,156	7,326	7,175	7,434	7,670	7,839	7,857	**8,632**	**9.86**	2.74

NOTES: A. Included are medical services provided in and outside Alberta on a fee-for-service basis.

B. Osteopathic services were classified as medical services effective October 10, 1973. They were included in medical services for the entire year ended June 30, 1974 and for all subsequent years.

BASIC HEALTH SERVICES
PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

TABLE 3

Discipline / Effective Date	Medical	Oral Surgery	Chiropractic	Optometry	Podiatry	Physiotherapy +
	(%)	(%)	(%)	(%)	(%)	(%)
July 1, 1970	6.95	Nil	18.99	25.00	25.63	N.A.
November 1, 1972	0.62	Nil	Nil	Nil	Nil	N.A.
October 1, 1973	4.00	Nil	Nil	Nil	Nil	N.A.
October 1, 1974	4.00	Nil	Nil	Nil	Nil	N.A.
March 1, 1975	7.20	Nil	Nil	Nil	Nil	N.A.
January 1, 1976	9.00	9.00	9.00	9.00	9.00	N.A.
January 1, 1977	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1978	6.47	6.47	6.47	6.47	6.47	N.A.
January 1, 1979	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1980	15.50	10.50	9.00*	8.50	9.00	N.A.
January 1, 1981	15.40**	11.60	11.00	11.00	11.00	N.A.
January 1, 1982	16.47	9.00	13.00	13.00	13.00	14.18++
July 1, 1982	4.80***	Nil	Nil	Nil	Nil	Nil
January 1, 1983	5.00	5.00	5.00	5.00	5.00	6.00+++

NOTES:
* Effective March 1, 1980.

** Effective March 1, 1981, annualized to 12.80%.

*** Added benefits to deal with substantive issues, including payments for mandatory consultations, re-designation of the workday start, differentials for evenings and nights, and differentials for weekends and holidays.

\+ Fee-for-service physiotherapy became an insured benefit of the Alberta Health Care Insurance Plan on July 1, 1981.

++ Effective February 1, 1982, annualized to 13.00%.

+++ Effective March 1, 1983, annualized to 5.00%.

REGISTRATIONS AND PERSONS COVERED
at March 31

TABLE 4

	Registrations			Percentage Change		Persons			Percentage Change	
	1981	1982	1983	1982/1981	1983/1982	1981	1982	1983	1982/1981	1983/1982
Individual	379,694	399,912	**415,882**	5.32%	**3.49%**	808,442	830,249	**851,060**	2.70%	**2.51%**
Group	499,518	535,465	**512,460**	7.20%	**−4.30%**	1,222,569	1,293,432	**1,270,449**	5.80%	**−1.78%**
Registrant or Spouse Age 65 or Older	132,135	137,656	**142,153**	4.18%	**3.27%**	194,975	203,059	**209,629**	4.15%	**3.24%**
Social Allowance Recipients	37,672	43,982	**58,044**	16.75%	**31.97%**	80,442	96,303	**133,115**	19.72%	**38.23%**
TOTAL	1,049,019	1,117,015	**1,126,539**	6.48%	**0.85%**	2,306,428	2,423,043	**2,464,253**	5.06%	**1.70%**

NOTES:
A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

C. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

REGISTRATIONS AND PERSONS COVERED BY METHOD OF PREMIUM COLLECTION AND SUBSIDY LEVEL at March 31, 1983

TABLE 5

	One Person		Two Persons		Three or More Persons		Total	
	Registrations	Persons	Registrations	Persons	Registrations	Persons	Registrations	Persons
Non Subsidized								
Individual	208,497	208,497	53,117	106,234	114,856	462,282	376,470	777,013
Group	181,569	181,569	108,842	217,684	214,989	857,137	505,400	1,256,390
TOTAL	390,066	390,066	161,959	323,918	329,845	1,319,419	881,870	2,033,403
Subsidized								
Reduced Premium Rates								
Individual	1,934	1,934	430	860	687	2,817	3,051	5,611
Group	423	423	110	220	199	987	732	1,630
Premium Exempt								
Individual	20,220	20,220	5,298	10,596	8,843	37,620	34,361	68,436
Group	3,779	3,779	1,109	2,218	1,440	6,432	6,328	12,429
TOTAL	26,356	26,356	6,947	13,894	11,169	47,856	44,472	88,106
Registrant or Spouse Age 65 or Older	79,944	79,944	58,283	116,566	3,926	13,119	142,153	209,629
Social Allowance Recipients	25,257	25,257	11,272	22,544	21,515	85,314	58,044	133,115
TOTALS:								
Individual	230,651	230,651	58,845	117,690	124,386	502,719	413,882	851,060
Group	185,771	185,771	110,061	220,122	216,628	864,556	512,460	1,270,449
Registrant or Spouse Age 65 or Older	79,944	79,944	58,283	116,566	3,926	13,119	142,153	209,629
Social Allowance Recipients	25,257	25,257	11,272	22,544	21,515	85,314	58,044	133,115
TOTAL	521,623	521,623	238,461	476,922	366,455	1,465,708	1,126,539	2,464,253

NOTES:
A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

C. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

BASIC HEALTH SERVICES

TABLE 6

Persons Covered by Age and Sex at March 31

Age	Male 1981	Male 1982	Male 1983	Percentage Change 1982/1981	Percentage Change 1983/1982	Female 1981	Female 1982	Female 1983	Percentage Change 1982/1981	Percentage Change 1983/1982	Total 1981	Total 1982	Total 1983	Percentage Change 1982/1981	Percentage Change 1983/1982
Under 1	20,895	22,497	**23,386**	7.67%	**3.95%**	19,589	21,346	**22,206**	8.97%	**4.03%**	40,484	43,843	**45,592**	8.30%	**3.99%**
1 - 4	80,101	84,819	**87,250**	5.89%	**2.87%**	75,712	79,802	**82,430**	5.40%	**3.29%**	155,813	164,621	**169,680**	5.65%	**3.07%**
5 - 14	188,181	193,711	**195,487**	2.94%	**0.92%**	179,059	184,126	**185,494**	2.83%	**0.74%**	367,240	377,837	**380,981**	2.89%	**0.83%**
15 - 24	258,553	266,831	**251,475**	3.20%	**-5.75%**	243,887	251,833	**246,087**	3.26%	**-2.28%**	502,440	518,664	**497,562**	3.23%	**-4.07%**
25 - 44	372,016	403,988	**422,553**	8.59%	**4.60%**	341,095	367,934	**386,855**	7.87%	**5.14%**	713,111	771,922	**809,408**	8.25%	**4.86%**
45 - 64	183,727	189,451	**193,847**	3.12%	**2.32%**	177,472	182,700	**187,215**	2.95%	**2.47%**	361,199	372,151	**381,062**	3.03%	**2.39%**
65 & Older	75,911	78,977	**81,068**	4.04%	**2.65%**	90,230	95,028	**98,900**	5.32%	**4.07%**	166,141	174,005	**179,968**	4.73%	**3.43%**
TOTAL	1,179,384	1,240,274	**1,255,066**	5.16%	**1.19%**	1,127,044	1,182,769	**1,209,187**	4.94%	**2.23%**	2,306,428	2,423,043	**2,464,253**	5.06%	**1.70%**

NOTES: A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

TABLE 7

Registrations and Persons Covered by Level of Premium Payment at March 31

		Regular Premium Rates			Reduced Premium Rates			Registrant or Spouse Age 65 or Older			Total		
		1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983
One Person	Registrations	25,496	26,969	**27,104**	8,702	7,304	**6,748**	74,515	77,441	**79,944**	108,713	111,714	**113,796**
	Persons	25,496	26,969	**27,104**	8,702	7,304	**6,748**	74,515	77,441	**79,944**	108,713	111,714	**113,796**
Two Persons	Registrations	14,521	15,484	**16,409**	3,479	2,874	**2,666**	53,821	56,480	**58,283**	71,821	74,838	**77,358**
	Persons	29,042	30,968	**32,818**	6,958	5,748	**5,332**	107,642	112,960	**116,566**	143,642	149,676	**154,716**
Three or More Persons	Registrations	33,009	33,643	**34,198**	5,786	4,581	**4,084**	3,799	3,735	**3,926**	42,594	41,959	**42,208**
	Persons	134,509	136,402	**138,620**	24,338	19,529	**17,430**	12,818	12,658	**13,119**	171,665	168,589	**169,169**
Total	Registrations	73,026	76,096	**77,711**	17,967	14,759	**13,498**	132,135	137,656	**142,153**	223,128	228,511	**233,362**
	Persons	189,047	194,339	**198,542**	39,998	32,581	**29,510**	194,975	203,059	**209,629**	424,020	429,979	**437,681**

NOTES:

A. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

B. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

C. Those who were eligible for the Basic Health Services at the 100 percent subsidy level were also eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates, but were not exempted from payment of the premium.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

TABLE 8

Persons Covered by Age and Sex at March 31

Age	Male			Female			Total		
	1981	1982	1983	1981	1982	1983	1981	1982	1983
Under 1	2,353	2,336	**2,248**	2,207	2,162	**2,100**	4,560	4,498	**4,348**
1 - 4	8,657	8,518	**8,469**	8,090	8,026	**7,787**	16,747	16,544	**16,256**
5 - 14	20,734	20,270	**19,882**	19,815	19,125	**18,914**	40,549	39,395	**38,796**
15 - 24	23,684	22,858	**22,795**	23,595	22,546	**22,367**	47,279	45,404	**45,162**
25 - 44	33,028	32,891	**32,729**	34,297	34,521	**34,542**	67,325	67,412	**67,271**
45 - 64	31,407	31,986	**33,379**	50,731	51,567	**53,316**	82,138	83,553	**86,695**
65 & Older*	75,387	78,415	**80,526**	90,035	94,758	**98,627**	165,422	173,173	**179,153**
TOTAL	195,250	197,274	**200,028**	228,770	232,705	**237,653**	424,020	429,979	**437,681**

* The number of persons in this age group differs from the number of persons shown in Table 6 as only those registrations where the age of the person 65 years or older has been verified are provided with premium exempt Alberta Blue Cross coverage.

DISTRIBUTION OF PAYMENTS FOR BASIC HEALTH SERVICES

TABLE 9

For the years ended March 31

	Total			Practitioners			Registrants		
	1981	1982	1983	1981	1982	1983	1981	1982	1983
Medical*	$272,458,692	$336,410,474	**$432,818,810**	$271,304,314	$334,962,801	**$430,648,581**	$1,154,378	$1,447,673	**$2,170,229**
Oral Surgery	2,481,431	4,208,521	**6,424,644**	2,348,479	4,062,279	**6,255,179**	132,952	146,242	**169,465**
Chiropractic	12,293,290	15,540,895	**18,846,241**	12,176,013	15,438,090	**18,733,056**	117,277	102,805	**113,185**
Optometry+	5,217,724	6,281,193	**7,556,805**	5,042,153	6,062,473	**7,297,599**	175,571	218,720	**259,206**
Podiatry	1,525,976	1,795,654	**2,316,356**	1,522,270	1,790,732	**2,311,400**	3,706	4,922	**4,956**
Physiotherapy**		2,355,147	**6,333,150**		2,352,468	**6,320,189**		2,679	**12,961**
TOTAL	$293,977,113	$366,591,884	**$474,296,006**	$292,393,229	$364,668,843	**$471,566,004**	$1,583,884	$1,923,041	**$2,730,002**

* The amount paid to medical practitioners includes payments, as indicated for each year ended March 31, for medical services to Provincial and Federal Departments and Agencies in respect of doctors on salary, sessional and contract arrangements. The amount paid also includes sessional payments to groups of medical practitioners on a contract basis:

1981 $1,427,995
1982 $1,650,389
1983 $1,829,356

\+ The amount paid to optometrists for the fiscal year 1980-81 includes payments of $761 for eye refraction tests to a Federal Department in respect of optometrists on contract arrangements.

** The amount paid to physiotherapists for the fiscal year 1981-82 includes only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982.

NOTE: The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis. Included are payments for Basic Health Services provided in and outside of Alberta.

CLAIM RECORDS RECEIVED

TABLE 10

For the years ended March 31

Claim Records Received From:	Claim Records Received					
	1981		1982		1983	
	Number	%	Number	%	**Number**	**%**
Registrants	77,000	0.40	93,000	0.44	**112,000**	**0.45**
Practitioners	19,094,000	99.60	21,224,000	99.56	**24,815,000**	**99.55**
TOTAL CLAIM RECORDS	19,171,000	100.00	21,317,000	100.00	**24,927,000**	**100.00**

Average claim records received per working day: 1981 77,000
1982 86,000
1983 100,000

NOTES: A. Claim records received cover services provided under Basic Health Services, Extended Health Benefits, and Out-Of-Province Hospital Benefits (excluding in-patient claims received under the Reciprocal Billing Agreements with other provinces effective October 1, 1981). Also includes Workers' Compensation Board claims received from January 1 to March 31, 1982 during the 1981-82 fiscal year, and from April 1, 1982 to March 31, 1983 during the 1982-83 fiscal year.

B. Claim records are counted in terms of line items.

TOTAL AND AVERAGE GROSS PAYMENTS TO PRACTITIONERS

For the years ended March 31

TABLE 11

	Number of Practitioners			Percentage Change		Total Paid			Percentage Change		Average Payments			Percentage Change	
	1981	1982	1983	1982/1981	1983/1982	1981	1982	1983	1982/1981	1983/1982	1981	1982	1983	1982/1981	1983/1982
Medical	2,776	2,909	**3,071**	4.79%	**5.57%**	$266,764,212	$330,073,803	**$425,200,258**	23.73%	**28.82%**	$ 96,097	$113,466	**$138,457**	18.07%	**22.03%**
Oral Surgery	573	656	**750**	14.49%	**14.33%**	2,475,150	4,202,889	**6,413,928**	69.80%	**52.61%**	4,320	6,407	**8,552**	48.31%	**33.48%**
Chiropractic	267	285	**297**	6.74%	**4.21%**	12,227,291	15,465,372	**18,755,161**	26.48%	**21.27%**	45,795	54,264	**63,149**	18.49%	**16.37%**
Optometry	182	188	**193**	3.30%	**2.66%**	5,195,294	6,258,401	**7,530,765**	20.46%	**20.33%**	28,546	33,289	**39,020**	16.62%	**17.22%**
Podiatry	14	15	**17**	7.14%	**13.33%**	1,520,796	1,789,104	**2,310,594**	17.64%	**29.15%**	108,628	119,274	**135,917**	9.80%	**13.95%**
Physiotherapy		118	**161**		**36.44%**		2,350,080	**6,311,398**		**168.56%**		19,916	**39,201**		**96.85%**
TOTAL	3,812	4,171	**4,489**	9.42%	**7.62%**	$288,182,743	$360,139,649	**$466,522,104**	24.97%	**29.54%**					

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

C. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

D. Payments to physiotherapists for the fiscal year 1981-82 include only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS TABLE 12

For the years ended March 31

$ Range	Total			Medical			Oral Surgery			Chiropractic			Optometry			Podiatry			Physiotherapy		
	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983
Less than 10,000	878	942	**945**	329	308	**267**	508	564	**610**	18	24	**23**	23	18	**14**			**1**		28	**30**
10,000 – 19,999	253	288	**275**	150	154	**142**	34	42	**70**	30	23	**18**	39	28	**21**			**2**		41	**22**
20,000 – 39,999	414	420	**430**	227	204	**215**	19	28	**42**	84	59	**53**	84	85	**81**	-	3			41	**39**
40,000 – 59,999	357	361	**370**	260	242	**207**	4	8	**10**	66	64	**64**	26	41	**51**	1	1	**1**		5	**37**
60,000 – 79,999	398	342	**309**	338	258	**220**	5	8	**5**	44	61	**50**	7	11	**15**	4	1			3	**19**
80,000 – 99,999	465	389	**295**	444	351	**241**	1	1	**4**	15	32	**38**	2	4	**6**	3	1	**2**			**4**
100,000 – 119,999	383	377	**339**	375	366	**295**	1		**3**	6	9	**31**		1	**1**	1	1	**1**			**8**
120,000 – 139,999	249	334	**337**	244	325	**325**		1	**1**	2	6	**8**	1		**2**	2	2	**1**			
140,000 – 159,999	149	239	**322**	148	230	**312**		2			4	**5**			**1**	1	3	**2**			**2**
160,000 – 179,999	105	156	**236**	102	153	**226**	1	1	**2**	1	2	**5**			**1**	1		**2**			
180,000 – 199,999	58	112	**175**	57	111	**173**						**1**				1	1	**1**			
200,000 – 299,999	71	165	**358**	71	162	**353**		1	**2**								2	**3**			
300,000 – 399,999	15	21	**58**	14	21	**56**			**1**	1								**1**			
400,000 – 499,999	3	6	**14**	3	5	**14**					1										
500,000 – 599,999	1	5	**8**	1	5	**7**						**1**									
600,000 – 699,999	2	1	**2**	2	1	**2**															
700,000 – 799,999	2	1	**1**	2	1	**1**															
800,000 and Over	9	12	**15**	9	12	**15**															
TOTAL	3,812	4,171	**4,489**	2,776	2,909	**3,071**	573	656	**750**	267	285	**297**	182	188	**193**	14	15	**17**		118	**161**

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

C. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

D. Payments to physiotherapists for the fiscal year 1981-82 include only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982.

AVERAGE AND MEDIAN GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS

For the years ended March 31

TABLE 13

	Number of Practitioners			Average Payments			Percentage Change		Median Payments			Percentage Change	
	1981	1982	1983	1981	1982	1983	1982/1981	1983/1982	1981	1982	1983	1982/1981	1983/1982
TOTAL	2,776	2,909	3,071	$ 96,097	$ 113,466	$ 138,457	18.07%	22.03%	$ 84,135	$ 96,661	$116,351	14.89%	20.37%
General Practitioners	1,558	1,656	1,749	79,288	92,475	112,055	16.63%	21.17%	82,238	93,348	112,017	13.51%	20.00%
Total Specialists	1,218	1,253	1,322	117,597	141,209	173,386	20.08%	22.79%	87,105	100,586	122,386	15.48%	21.67%
Laboratory Specialists	136	138	147	338,649	429,228	543,977	26.75%	26.73%	49,872	67,449	70,156	35.24%	4.01%
Other Specialists	1,082	1,115	1,175	89,812	105,562	127,022	17.54%	20.33%	87,975	102,566	124,522	16.59%	21.41%
SPECIALISTS BY SPECIALTY													
Anaesthetists	122	127	148	$ 75,208	$ 85,838	$ 95,844	14.13%	11.66%	$ 83,347	$ 93,361	$107,705	12.01%	15.36%
Dermatologists	16	18	19	177,405	207,762	247,310	17.11%	19.04%	189,002	214,836	237,587	13.67%	10.59%
General Surgeons	154	151	155	94,797	114,062	137,936	20.32%	20.95%	96,721	122,140	139,537	26.28%	14.24%
Urologists	34	33	35	99,394	130,624	156,482	31.42%	19.80%	111,570	138,798	167,937	24.40%	20.99%
Internists	218	235	247	79,308	91,819	112,864	15.78%	22.92%	77,039	85,058	102,795	10.41%	20.85%
Neurologists	19	19	20	75,953	91,138	112,468	19.99%	23.40%	66,322	75,684	102,155	14.12%	34.95%
Neurological Surgeons	12	12	12	95,803	108,000	127,928	12.73%	18.45%	101,049	128,639	141,614	27.30%	10.09%
Obstetricians-Gynaecologists	103	114	117	110,869	126,408	154,557	14.02%	22.27%	114,238	128,316	150,191	12.32%	17.05%
Ophthalmologists	60	63	61	124,901	142,412	181,765	14.02%	27.63%	114,108	123,595	146,517	8.31%	18.55%
Rhino-Otolaryngologists	30	29	28	115,063	155,577	196,670	35.21%	26.41%	124,504	154,696	204,535	24.25%	32.22%
Orthopaedic Surgeons	63	62	64	106,330	124,623	155,054	17.20%	22.81%	110,271	132,307	155,156	19.98%	17.27%
Paediatricians	101	105	115	69,429	78,123	97,101	12.52%	24.29%	68,292	68,450	82,052	0.23%	19.84%
Psychiatrists	102	103	114	60,561	76,247	88,604	25.90%	16.21%	60,909	76,218	88,873	25.13%	16.60%
Plastic Surgeons	21	24	24	108,065	121,597	168,023	12.52%	38.18%	110,508	135,971	152,855	23.04%	12.42%
Physical Medicine & Rehabilitation	8	8	8	31,221	44,953	61,477	43.98%	36.76%	33,776	50,690	59,905	50.08%	18.18%
Thoracic Surgeons	13	12	12	143,433	163,836	181,066	14.22%	10.52%	169,009	184,210	205,215	8.99%	10.52%
Laboratory/Pathologists	34	32	37	958,056	1,314,485	1,538,006	37.20%	17.00%	98,850	93,362	104,524	−5.55%	11.96%
Laboratory/Radiologists	94	99	105	140,334	169,819	219,526	21.01%	29.27%	54,454	72,689	85,153	33.49%	17.15%
Laboratory/Others	8	7	7	36,370	51,117	63,883	40.55%	24.97%	33,688	41,507	61,168	23.21%	47.37%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.

D. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

E. Payments include only fee-for-service payments to practitioners in Alberta.

DISTRIBUTION OF GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS

For the year ended March 31, 1983

TABLE 14

$ Range	All Practitioners		General Practitioners		All Specialists		Anaesthetists		Dermatologists		General Surgeons	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 849,920	267	$ 498,941	160	$ 350,979	107	$ 32,179	13	$		$ 35,918	7
10,000 – 19,999	2,082,597	142	1,185,137	81	897,460	61	112,810	7			96,846	7
20,000 – 39,999	6,254,546	215	3,739,678	129	2,514,868	86	276,405	10	34,583	1	115,716	4
40,000 – 59,999	10,281,979	207	5,847,049	116	4,434,930	91	246,465	5			288,069	6
60,000 – 79,999	15,354,434	220	8,451,164	120	6,903,270	100	740,163	11			1,120,364	16
80,000 – 99,999	21,773,729	241	14,723,726	163	7,050,003	78	1,437,236	16			530,889	6
100,000 – 119,999	32,462,944	295	19,362,948	176	13,099,996	119	3,156,004	29			1,801,603	16
120,000 – 139,999	42,244,534	325	24,824,708	191	17,419,826	134	3,620,714	28	120,321	1	2,207,993	17
140,000 – 159,999	46,580,240	312	28,598,813	191	17,981,427	121	2,187,445	15			2,694,585	18
160,000 – 179,999	38,372,077	226	22,420,705	132	15,951,372	94	2,007,296	12	174,807	1	2,223,598	13
180,000 – 199,999	32,794,384	173	19,504,286	103	13,290,098	70	368,216	2	199,079	1	1,684,693	9
200,000 – 299,999	82,561,321	353	38,075,435	164	44,485,886	189			2,624,528	11	7,574,331	32
300,000 – 399,999	19,014,651	56	5,720,809	17	13,293,842	39			971,252	3	729,643	2
400,000 – 499,999	6,125,447	14	1,281,126	3	4,844,321	11						
500,000 – 599,999	3,889,899	7	1,103,831	2	2,786,068	5			574,317	1		
600,000 – 699,999	1,295,196	2	645,988	1	649,208	1						
700,000 – 799,999	782,687	1			782,687	1						
800,000 and Over	62,479,673	15			62,479,673	15						
TOTAL	$425,200,258	3,071	$195,984,344	1,749	$229,215,914	1,322	$14,184,933	148	$4,698,887	19	$21,104,248	153

TABLE 14 Continued

$ Range	Urologists		Internists		Neurologists		Neurological Surgeons		Obstetricians-Gynaecologists		Ophthalmologists	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 5,003	2	$ 74,674	22	$		$		$ 11,338	3	$	
10,000 – 19,999			172,154	11					40,225	3	12,999	1
20,000 – 39,999	35,261	1	634,487	22	33,112	1	38,777	1	90,519	3	23,598	1
40,000 – 59,999	42,859	1	1,283,422	26	102,310	2			527,571	11	196,135	4
60,000 – 79,999	72,308	1	1,550,534	22	271,806	4	138,320	2	417,402	6	497,151	7
80,000 – 99,999	97,424	1	1,540,898	17	271,083	3	96,987	1	566,154	6	92,810	1
100,000 – 119,999	323,377	3	2,311,409	21	226,464	2			880,829	8	777,520	7
120,000 – 139,999	538,317	4	2,990,618	23	260,900	2	125,177	1	1,183,643	9	653,046	5
140,000 – 159,999	308,484	2	1,940,182	13	144,142	1	750,084	5	2,059,949	14	879,987	6
160,000 – 179,999	852,409	5	2,560,344	15	346,142	2			2,370,254	14	653,950	4
180,000 – 199,999	1,125,958	6	2,673,815	14	188,204	1	385,790	2	1,321,133	7	589,375	3
200,000 – 299,999	1,446,164	6	8,214,994	35	405,193	2			5,977,477	26	3,631,749	15
300,000 – 399,999	316,340	1	1,929,838	6					1,780,398	5	1,455,321	4
400,000 – 499,999									856,240	2	841,211	2
500,000 – 599,999												
600,000 – 699,999												
700,000 – 799,999											782,687	1
800,000 and Over												
TOTAL	$5,163,904	33	$27,877,369	247	$2,249,356	20	$1,535,135	12	$18,083,132	117	$11,087,539	61

TABLE 14 Continued

$ Range	Rhino-Otolaryngologists		Orthopaedic Surgeons		Paediatricians		Psychiatrists		Plastic Surgeons		Physical Medicine and Rehabilitation	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 9,945	3	$ 46,510	13	$ 49,774	11	$		$	
10,000 – 19,999			31,926	2	115,217	8	177,591	12				
20,000 – 39,999	35,337	1	31,887	1	495,823	18	300,877	10				
40,000 – 59,999					568,105	12	354,795	7			204,533	4
60,000 – 79,999	153,582	2	129,228	2	409,601	6	612,638	9	70,176	1	190,587	3
80,000 – 99,999			94,989	1	532,713	6	1,140,816	13			96,697	1
100,000 – 119,999	225,709	2	664,361	6	981,179	9	1,204,273	11	105,673	1		
120,000 – 139,999			1,079,703	8	1,283,042	10	1,920,275	15	650,917	5		
140,000 – 159,999	749,209	5	1,804,618	12	889,665	6	2,519,681	17	900,648	6		
160,000 – 179,999	330,152	2	1,529,226	9	1,028,905	6	870,508	5	667,780	4		
180,000 – 199,999	394,500	2	1,717,342	9	1,330,421	7	184,912	1	183,395	1		
200,000 – 299,999	2,961,359	12	2,000,077	9	2,793,777	12	764,659	3	1,146,479	5		
300,000 – 399,999	656,909	2	702,164	2	691,652	2			307,472	1		
400,000 – 499,999												
500,000 – 599,999												
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over												
TOTAL	$5,506,757	28	$9,795,466	64	$11,166,610	115	$10,100,799	114	$4,032,540	24	$491,817	8

TABLE 14 Continued

$ Range	Thoracic Surgeons		Laboratory/Pathologists		Laboratory/Radiologists		Laboratory/Others	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 39,064	14	$ 46,574	19	$	
10,000 – 19,999	10,915	1	23,442	2	103,335	7		
20,000 – 39,999			37,025	1	268,339	9	63,122	2
40,000 – 59,999			50,611	1	524,196	11	45,859	1
60,000 – 79,999	76,951	1			328,483	5	123,976	2
80,000 – 99,999	194,339	2			268,311	3	88,657	1
100,000 – 119,999			221,154	2	220,441	2		
120,000 – 139,999	134,208	1	138,015	1	387,367	3	125,570	1
140,000 – 159,999			152,748	1				
160,000 – 179,999			171,160	1	164,841	1		
180,000 – 199,999	183,202	1			760,063	4		
200,000 – 299,999	1,267,000	5	670,025	3	3,008,074	13		
300,000 – 399,999	306,175	1			3,446,678	10		
400,000 – 499,999					3,146,870	7		
500,000 – 599,999					2,211,751	4		
600,000 – 699,999					649,208	1		
700,000 – 799,999								
800,000 and Over			55,402,996	11	7,076,677	4		
TOTAL	$2,172,790	12	$56,906,240	37	$22,611,208	103	$447,184	7

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

D. Payments include only fee-for-service payments to practitioners in Alberta.

DISTRIBUTION OF GROSS AVERAGE PAYMENTS TO MEDICAL PRACTITIONERS **TABLE 15**
ACCORDING TO GROUP OF SPECIALTIES
BY DOLLAR RANGE AND ALBERTA PRACTICE YEAR
For the year ended March 31, 1983

GENERAL PRACTITIONERS

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	31	$ 4,158	67	$ 2,930	13	$ 2,110	13	$ 2,966	36	$ 2,996	160	$ 3,118
10,000 – 19,999	15	14,175	36	14,937	7	14,459	11	13,610	12	15,319	81	14,631
20,000 – 39,999	34	28,680	44	26,942	18	32,109	15	29,331	18	31,175	129	28,990
40,000 – 59,999	25	49,178	29	50,637	16	50,423	15	50,555	31	51,097	116	50,406
60,000 – 79,999	16	69,243	37	69,923	16	70,909	28	71,519	23	70,393	120	70,426
80,000 – 99,999	5	87,716	49	90,540	35	91,197	40	90,717	34	89,062	163	90,330
100,000 – 119,999	2	107,188	60	110,452	45	110,315	30	110,193	39	109,012	176	110,017
120,000 – 139,999	1	128,234	70	129,626	50	131,083	43	129,983	27	128,861	191	129,972
140,000 – 159,999			60	149,469	54	150,791	54	149,158	23	149,276	191	149,732
160,000 – 179,999			38	172,295	29	170,353	48	168,775	17	166,591	132	169,854
180,000 – 199,999			28	188,605	31	190,903	30	188,043	14	190,289	103	189,362
200,000 – 299,999			35	230,294	61	234,178	45	232,703	23	228,636	164	232,167
300,000 – 399,999			4	320,070	5	365,786	7	324,092	1	342,956	17	336,518
400,000 – 499,999			1	434,840	1	430,185	1	416,102			3	427,042
500,000 – 599,999							1	556,443	1	547,388	2	551,916
600,000 – 699,999							1	645,988			1	645,988
700,000 – 799,999												
800,000 and Over												
TOTAL	129	$ 34,381	558	$101,585	381	$138,853	382	$136,306	299	$ 99,977	1,749	$112,055

MEDICAL SPECIALISTS

TABLE 15 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	10	$ 4,892	19	$ 3,957	6	$ 2,965	10	$ 2,059	14	$ 2,904	59	$ 3,443
10,000 – 19,999	6	16,750	16	15,062	6	15,670	6	13,666	4	15,065	38	15,205
20,000 – 39,999	13	25,389	22	30,506	14	27,529	6	26,341	7	32,950	62	28,634
40,000 – 59,999	3	50,600	17	48,796	14	50,235	15	48,611	7	49,405	56	49,279
60,000 – 79,999	3	67,080	17	68,694	5	67,941	12	68,777	18	68,958	55	68,642
80,000 – 99,999	5	90,091	14	90,268	10	88,440	12	89,576	15	89,727	56	89,633
100,000 – 119,999	2	109,457	14	108,315	13	110,915	22	110,003	21	108,669	72	109,435
120,000 – 139,999	1	125,369	15	129,840	15	131,332	23	127,573	25	128,749	79	129,062
140,000 – 159,999	1	159,308	13	146,863	6	147,594	26	147,201	6	149,968	52	147,714
160,000 – 179,999			9	169,722	8	169,045	10	173,101	14	169,795	41	170,439
180,000 – 199,999			5	189,216	6	192,866	14	189,484	1	188,601	26	190,179
200,000 – 299,999			14	229,680	11	245,837	18	234,616	20	233,017	63	234,971
300,000 – 399,999			2	321,027	4	325,359	5	329,850			11	326,613
400,000 – 499,999												
500,000 – 599,999							1	574,317			1	574,317
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over												
TOTAL	44	$ 40,604	177	$ 90,129	118	$112,180	180	$127,233	152	$111,126	671	$105,469

SURGICAL SPECIALISTS

TABLE 15 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	1	$ 42	5	$ 4,651	2	$ 3,487	4	$ 4,090	3	$ 5,191	15	$ 4,147
10,000 – 19,999	2	14,581	2	10,477	2	12,905	2	16,020	6	14,158	14	13,779
20,000 – 39,999	1	35,262	3	30,549	1	38,777	2	33,005	5	27,880	12	30,925
40,000 – 59,999			9	49,958	2	47,762	3	49,256	8	45,216	22	47,938
60,000 – 79,999			5	70,457	1	74,408	13	69,147	19	71,046	38	70,407
80,000 – 99,999			4	95,245	4	97,060	4	91,381	6	89,808	18	92,977
100,000 – 119,999			4	113,604	3	110,705	15	112,222	21	109,963	43	111,141
120,000 – 139,999			3	126,732	11	131,587	17	131,784	19	131,844	50	131,460
140,000 – 159,999			5	147,570	13	150,640	26	149,083	24	148,968	68	149,229
160,000 – 179,999	1	167,349	5	168,341	10	172,013	22	168,508	13	168,539	51	169,164
180,000 – 199,999			10	189,423	7	187,454	13	190,671	10	190,026	40	189,635
200,000 – 299,999			10	224,891	16	230,661	62	240,703	22	233,708	110	236,406
300,000 – 399,999			1	348,630	1	337,431	10	354,228	6	337,681	18	347,468
400,000 – 499,999							4	424,363			4	424,363
500,000 – 599,999												
600,000 – 699,999												
700,000 – 799,999							1	782,687			1	782,687
800,000 and Over												
TOTAL	5	$ 46,363	66	$124,616	73	$156,547	198	$184,133	162	$136,659	504	$155,717

NOTE: The number of years in Alberta is obtained from the "List of Members of the College of Physicians & Surgeons of Alberta". The date of registration with the College of Physicians and Surgeons is used as the beginning date of practice in Alberta.

PERCENTAGE DISTRIBUTION OF MEDICAL PAYMENTS BY TYPE OF SERVICE AND SPECIALTY

For the year ended March 31, 1983

TABLE 16

	Consul-tations	Visits			Major Surgery	Minor Surgery	Surgical Assists	Obstetrical Services	Anaes-thesia	Radiology Services	Pathology Services	Other Diagnostic and Therapeutic Services	Total
		Office	Hospital	House									
All Practitioners	7.54%	41.86%	6.81%	1.60%	8.35%	2.01%	0.56%	3.28%	4.31%	4.69%	13.99%	5.00%	100.00%
General Practitioners	0.26	32.66	4.86	1.44	0.77	1.39	0.46	1.71	0.96	0.44	0.38	0.86	46.19
Anaesthetists	0.01		0.01						3.29				3.31
Dermatologists	0.34	0.44				0.11			0.03		0.02	0.16	1.10
General Surgeons	0.58	1.06	0.26	0.06	2.43	0.18	0.05	0.01		0.04	0.01	0.27	4.95
Urologists	0.26	0.08	0.03		0.53	0.02	0.01				0.01	0.27	1.21
Internists	2.63	1.42	0.90	0.05	0.08	0.02			0.02	0.05	0.14	1.28	6.59
Neurologists	0.41	0.03	0.05		0.01						0.01	0.02	0.53
Neurological Surgeons	0.05	0.01	0.03		0.27								0.36
Obstetricians-Gynaecologists	0.47	0.96	0.07	0.02	0.71	0.06	0.01	1.36			0.08	0.34	4.28
Ophthalmologists	0.39	1.33	0.01		0.73	0.03						0.12	2.61
Rhino-Otolaryngologists	0.36	0.20	0.01		0.44	0.09				0.01		0.18	1.29
Orthopaedic Surgeons	0.49	0.29	0.05	0.01	1.31	0.02	0.01			0.03		0.06	2.27
Paediatricians	0.84	1.15	0.46	0.02		0.02				0.02	0.02	0.12	2.65
Psychiatrists	0.27	2.07	0.02									0.01	2.37
Plastic Surgeons	0.11	0.07	0.01		0.65	0.06						0.05	0.95
Physical Medicine & Rehabilitation	0.04	0.02	0.04									0.01	0.11
Thoracic Surgeons	0.03	0.01			0.42	0.01	0.02					0.02	0.51
Laboratory		0.06							0.01	4.10	13.32	1.23	18.72

NOTE: Only fee-for-service payments made to practitioners in Alberta are included.

MEDICAL SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE BY AGE AND SEX

For the year ended March 31, 1983

TABLE 17

Type of Service \ Age Group		Under 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and Older		All Age Groups	
		Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid
Consultations	M	622	$ 38,867	206	$ 10,849	135	$ 6,954	129	$ 6,247	168	$ 8,614	337	$ 18,485	591	$ 33,395	220	$ 11,725
	F	529	33,176	164	8,611	131	6,517	251	11,956	309	15,078	373	19,746	499	27,871	289	14,790
Office Visits	M	7,952	158,636	4,079	83,308	2,306	48,424	2,215	45,177	2,383	49,976	3,366	66,988	4,920	95,670	2,875	58,694
	F	7,435	148,699	3,769	77,220	2,399	49,519	4,558	94,589	4,492	94,734	4,696	96,284	5,149	100,409	4,274	88,269
Hospital Visits	M	3,878	69,780	635	13,206	218	4,985	227	5,134	265	5,054	961	13,980	4,282	56,242	710	11,517
	F	3,416	63,204	510	10,754	199	4,532	368	7,664	374	7,022	848	12,495	3,922	50,710	774	12,477
House Visits	M	168	5,325	110	3,498	63	1,904	57	1,730	47	1,422	77	2,143	551	11,725	95	2,553
	F	147	4,664	94	2,965	59	1,777	58	1,735	54	1,672	83	2,395	806	16,387	126	3,159
Major Surgery	M	44	13,173	37	6,391	39	6,097	54	9,525	56	10,105	88	23,085	154	50,407	53	13,772
	F	29	10,628	24	4,057	33	4,932	52	10,020	89	17,543	102	23,779	120	36,569	72	15,553
Minor Surgery	M	414	23,625	120	5,025	111	4,223	154	5,164	102	3,486	91	3,137	96	3,380	119	4,359
	F	17	1,070	75	3,517	81	2,758	113	3,140	106	2,955	96	2,680	86	2,778	97	2,989
Surgical Assists	M	12	463	6	253	6	295	13	534	14	518	49	1,386	82	2,387	22	722
	F	4	171	4	122	5	238	23	1,089	45	1,926	55	1,664	58	1,713	33	1,284
Obstetrical Services	M																
	F							104	24,675	80	20,873	--	45			47	11,707
Anaesthesia	M	147	6,364	99	5,027	67	3,449	110	4,965	100	4,565	193	9,281	350	17,885	128	6,126
	F	116	4,722	73	3,623	61	3,181	177	9,496	223	11,723	219	10,067	244	12,068	178	9,050
Radiology Services	M	136	3,033	103	2,130	162	3,461	237	5,916	281	7,755	440	12,665	454	13,072	274	7,340
	F	149	3,569	87	1,815	145	3,188	234	6,736	318	9,834	543	16,575	519	15,022	307	8,990
Pathology Services	M	1,431	14,062	1,075	10,833	885	8,307	1,028	9,535	1,431	13,886	2,504	25,404	3,760	32,369	1,557	14,600
	F	1,405	13,686	1,211	11,526	1,139	10,580	4,783	41,187	4,561	41,902	4,199	39,681	4,810	42,836	3,759	34,095
Other Diagnostic & Therapeutic Services	M	158	4,923	348	1,954	670	2,725	454	3,072	476	5,035	770	15,111	1,064	23,143	570	6,791
	F	125	3,937	241	1,755	536	2,420	774	11,059	837	13,503	969	14,586	911	16,021	751	10,703
TOTAL	M	14,962	$338,251	6,818	$142,474	4,662	$90,824	4,678	$ 96,999	5,323	$110,416	8,876	$189,665	16,304	$339,675	6,633	$138,199
	F	13,372	287,526	6,252	125,965	4,788	89,642	11,495	223,346	11,488	238,765	12,183	239,997	17,124	322,384	10,707	212,986

--: Non-zero value.

NOTE: Included are medical services provided in and outside Alberta on a fee-for-service basis.

DISTRIBUTION OF DISCRETE MEDICAL PATIENTS BY AGE GROUP AND SEX

TABLE 18

For the year ended March 31, 1983

AGE GROUP	NUMBER OF PATIENTS		
	MALE	FEMALE	TOTAL
Under 1	19,044	18,127	37,171
1 – 4	81,295	75,593	156,888
5 – 14	149,111	141,779	290,890
15 – 24	183,780	235,110	418,890
25 – 44	306,070	356,726	662,796
45 – 64	148,701	161,948	310,649
65 & Older	74,266	89,799	164,065
TOTAL	962,267	1,079,082	2,041,349

NOTE: "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR MEDICAL SERVICES

TABLE 19

For the year ended March 31, 1983

Payment Range	Number of Discrete Patients	% Distribution of Discrete Patients	% Distribution of Payments	% Distribution of Services
$ 0.01 – 10.00	12,004	0.59%	0.02%	0.06%
10.01 – 25.00	199,554	9.78%	0.90%	1.01%
25.01 – 50.00	277,308	13.58%	2.40%	2.59%
50.01 – 100.00	429,479	21.04%	7.29%	8.31%
100.01 – 200.00	479,060	23.47%	15.97%	18.69%
200.01 – 400.00	362,949	17.78%	23.69%	26.51%
400.01 – 600.00	137,410	6.73%	15.50%	15.14%
600.01 – 800.00	63,790	3.12%	10.18%	9.11%
800.01 – 1,000.00	31,983	1.57%	6.60%	5.53%
1,000.01 – 1,200.00	17,296	0.85%	4.38%	3.60%
1,200.01 – 1,400.00	10,059	0.49%	3.01%	2.43%
1,400.01 & Over	20,457	1.00%	10.06%	7.02%
TOTAL	2,041,349	100.00%	100.00%	100.00%

NOTE: "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

DISTRIBUTION OF MEDICAL PRACTITIONERS AND AVERAGE PAYMENTS BY REGION

For the year ended March 31, 1983

TABLE 20

Region	Grand Total		General Practitioners		Specialists	
	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments
I. Calgary	1,006	$141,784	497	$111,458	509	$171,395
II. Edmonton	1,345	139,766	708	99,827	637	184,156
III. Lethbridge	207	132,894	136	131,148	71	136,238
IV. Medicine Hat	72	153,388	44	128,765	28	192,081
V. Peace River	240	128,172	208	131,477	32	106,690
VI. Red Deer	201	125,704	156	122,199	45	137,853
TOTAL	3,071	$138,457	1,749	$112,055	1,322	$173,386

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

OUT-OF-PROVINCE BASIC HEALTH SERVICES

Fee-For-Service Payments and Number of Services

For the years ended March 31

TABLE 21

	Number of Services			Total Payments		
	1981	1982	1983	1981	1982	1983
Medical	218,253	214,111	**227,773**	$4,266,485	$4,686,282	**$5,789,196**
Oral Surgery	48	37	**66**	6,281	5,632	**10,716**
Chiropractic	7,769	7,895	**8,610**	65,999	75,523	**91,080**
Optometry	1,214	1,164	**1,203**	21,666	22,792	**26,040**
Podiatry	300	358	**310**	5,180	6,550	**5,762**
Physiotherapy*		412	**1,622**		5,067	**21,752**
TOTAL	227,584	223,977	**239,584**	$4,365,611	$4,801,846	**$5,944,546**

* Payments to physiotherapists for the fiscal year 1981-82 include only fee-for-service payments made during the nine-month period from July 1, 1981 to March 31, 1982.

OUT-OF-PROVINCE BASIC HEALTH SERVICES

TABLE 22

Distribution of Fee-For-Service Payments
And Number of Services by Province
For the year ended March 31, 1983

	Medical		Oral Surgery		Chiropractic		Optometry		Podiatry		Physiotherapy		Total	
	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments
British Columbia	86,190	$2,082,820	34	$ 3,827	3,555	$37,663	530	$11,492	83	$1,245	1,019	$13,584	91,411	$2,150,631
Saskatchewan	39,471	830,481			709	7,371	258	5,734	1	15	56	567	40,495	844,168
Manitoba	12,182	249,657			358	3,742	72	1,510	9	147	4	64	12,625	255,120
Ontario	32,584	832,815	19	4,827	1,042	10,644	229	4,956	34	519	133	1,175	34,041	854,936
Quebec	2,269	59,426			189	2,031	27	493	8	144	17	271	2,510	62,365
New Brunswick	1,378	28,213			19	207	3	60	3	44			1,403	28,524
Nova Scotia	3,128	68,983			38	418	14	282					3,180	69,683
Prince Edward Island	678	11,239			26	291							704	11,530
Newfoundland	660	14,544			24	261							684	14,805
Northwest Territories and Yukon	2,192	47,119			5	61	2	43					2,199	47,223
United States	39,781	1,404,309	13	2,062	2,507	27,018	64	1,383	161	3,494	241	4,118	42,767	1,442,384
Rest of the World	7,260	159,590			138	1,373	4	87	11	154	152	1,973	7,565	163,177
TOTAL	227,773	$5,789,196	66	$10,716	8,610	$91,080	1,203	$26,040	310	$5,762	1,622	$21,752	239,584	$5,944,546

BASIC HEALTH SERVICES

TABLE 23

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1983

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$430,989,454	21,270,872	$ 20.26	1,017,777	$423.46	21	2,041,349	$211.13	10
Oral Surgery	6,424,644	34,383	186.86	18,947	339.09	2	19,454	330.25	2
Chiropractic	18,846,241	1,683,003	11.20	164,403	114.63	10	221,866	84.94	8
Optometry	7,556,805	331,659	22.78	249,760	30.26	1	322,187	23.45	1
Podiatry	2,316,356	104,323	22.20	30,634	75.61	3	32,702	70.83	3
Physiotherapy	6,333,150	1,294,749	4.89	49,124	128.92	26	51,663	122.59	25
All Benefits	$472,466,650	24,718,989	$ 19.11	1,039,222	$454.63	24	2,122,362	$222.61	12

NOTES: A. Included are Basic Health Services provided in and outside Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services.

FEE-FOR-SERVICE MEDICAL PAYMENTS AND SERVICES PER REGISTRATION AND PATIENT

TABLE 24

For the years ended June 30, 1973 to 1977 and March 31, 1978 to 1983

Year	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration†	Number of Patients	Cost Per Patient	Number of Services Per Patient†	Number of Registered Persons
1973*	$100,592,137	11,704,410	$ 8.59	595,475	$168.93	20	1,353,391	$ 74.33	9	1,764,757
1974*	107,530,449	12,239,964	8.79	622,947	172.62	20	1,398,609	76.88	9	1,798,020
1975*	122,906,609	13,212,872	9.30	663,633	185.20	20	1,469,436	83.64	9	1,867,162
1976*	141,416,209	13,741,946	10.29	702,742	201.23	20	1,534,948	92.13	9	1,920,360
1977*	165,036,450	14,623,689	11.29	749,692	220.14	20	1,612,614	102.34	9	1,996,128
1978**	173,996,750	14,597,722	11.92	778,028	223.64	19	1,647,493	105.61	9	2,034,392
1979**	197,169,182	15,616,628	12.63	818,295	240.95	19	1,708,975	115.37	9	2,100,646
1980**	224,610,032	16,769,735	13.39	866,299	259.28	19	1,784,045	125.90	9	2,186,456
1981**	271,030,697	18,079,618	14.99	928,883	291.78	19	1,879,463	144.21	10	2,306,428
1982**	334,760,085	19,037,222	17.58	977,637	342.42	19	1,943,145	172.28	10	2,423,043
1983**	430,989,454	21,270,872	20.26	1,017,777	423.46	21	2,041,349	211.13	10	2,464,253
Percentage Change 1983/1982 (%)	28.75	11.73	15.24	4.11	23.67	10.53	5.05	22.55	Nil	1.70
Annual Average Percentage Change 1973-1983 (%)	16.09	6.32	9.20	5.65	9.88	0.50	4.31	11.30	1.09	3.48

* Year ended June 30.

** Year ended March 31.

† Rounded to the nearest whole number.

NOTES: A. Included are medical services provided in and outside Alberta on a fee-for-service basis.

B. Osteopathic services were classified as medical services effective October 16, 1973. They were included in medical services for the entire year ended June 30, 1974 and for all subsequent years.

C. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services.

EXTENDED HEALTH BENEFITS

TABLE 25

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1983

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Dentists	$13,411,368	331,642	$ 40.44	42,375	$316.49	8	51,589	$259.97	6
Denturists	4,780,153	37,589	127.17	13,803	346.31	3	15,020	318.25	3
Optometrists	1,883,119	77,465	24.31	18,533	101.61	4	20,501	91.85	4
Ophthalmic Dispensers	1,699,429	67,480	25.18	16,815	101.07	4	18,298	92.88	4
TOTAL	$21,774,069	514,176	$ 42.35	71,284	$305.46	7	89,189	$244.13	6

NOTES: A. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older, their spouses and dependants.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services.

C. Included are Extended Health Benefits provided in and outside Alberta on a fee-for-service basis.

EXTENDED HEALTH BENEFITS
SELECTED INDICATORS
For the years ended March 31

TABLE 26

	1981	1982	1983	Percentage Change 1982/1981	Percentage Change 1983/1982
Number of Registered Persons	194,975	203,059	209,629	4.15%	3.24%
Number of Practitioners	1,339	1,416	1,516	5.75%	7.06%
Dentists	903	949	1,020	5.09%	7.48%
Denturists	115	127	137	10.43%	7.87%
Optometrists	176	177	177	0.57%	—
Ophthalmic Dispensers	145	163	182	12.41%	11.66%
Total Payments*	$14,745,351	$17,245,513	$21,672,528	16.96%	25.67%
Dentists	9,094,331	10,330,045	13,334,872	13.59%	29.09%
Denturists	3,563,617	3,934,839	4,767,854	10.42%	21.17%
Optometrists	1,125,509	1,602,274	1,879,492	42.36%	17.30%
Ophthalmic Dispensers	961,894	1,378,355	1,690,310	43.30%	22.63%
Total Payment Per 1,000 Persons	$ 75,627	$ 84,929	$ 103,385	12.30%	21.73%
Total Services*	412,067	453,440	511,749	10.04%	12.86%
Dentists	251,385	284,402	329,816	13.13%	15.97%
Denturists	33,110	33,147	37,468	0.11%	13.04%
Optometrists	70,001	74,551	77,339	6.50%	3.74%
Ophthalmic Dispensers	57,571	61,340	67,126	6.55%	9.43%
Total Number of Services Per 1,000 Persons	2,113	2,233	2,441	5.68%	9.31%
Average Payments	$ 11,012	$ 12,179	$ 14,296	10.60%	17.38%
Dentists	10,071	10,885	13,073	8.08%	20.10%
Denturists	30,988	30,983	34,802	−0.02%	12.33%
Optometrists	6,395	9,052	10,619	41.55%	17.31%
Ophthalmic Dispensers	6,634	8,456	9,287	27.46%	9.83%
Discrete Patients**	78,710	82,087	89,189	4.29%	8.65%
Discrete Patients Per Practitioner	59	58	59	−1.69%	1.72%

* Only fee-for-service items paid to practitioners in Alberta are included.

** Discrete Patients means the number of persons who have received at least one service during the period.

EXTENDED HEALTH BENEFITS
PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

TABLE 27

Effective Date \ Discipline	Dentists	Denturists	Optometrists	Ophthalmic Dispensers
	(%)	(%)	(%)	(%)
July 1, 1974	5.56	5.88	Nil	Nil
January 1, 1976	9.00	9.00	9.00	9.00
January 1, 1977	7.00	7.00	7.00	7.00
January 1, 1978	6.47	6.47	6.47	6.47
January 1, 1979	7.00	36.00	7.00	7.00
July 1, 1979	Nil	8.00	Nil	Nil
January 1, 1980	10.50	7.00	8.50	8.50
January 1, 1981	11.60	11.00	38.30*	36.50*
January 1, 1982	18.70	12.00	13.00	13.00
January 1, 1983	5.00	5.00	5.00	5.00

* Effective January 1, 1981, the rate payable to optometrists and ophthalmic dispensers for new frames was increased from $7.30 to $30.00, while the rates payable for all other optometric benefits were increased by 11.00%. The overall increases in the Benefit Schedules for optometrists and ophthalmic dispensers were not the same due to differences in the utilization patterns of the two disciplines.

NOTE: The Extended Health Benefits Program was introduced on January 1, 1974.

EMERGENCY FINANCIAL ASSISTANCE PROGRAM
Applications Reviewed
For the years ended March 31

TABLE 28

	Applications			Approved			Refused			Amount Paid					
										Medical Services			Hospital Services		
	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983
Required Services Not Available In Alberta	67	61	65	60	49	47	7	12	16	$147,060	$127,566	$131,018	$283,511	$344,088	$433,025
Emergency Services	30	16	19	26	15	13	4	1	6	23,724	13,130	27,453	104,568	46,866	147,198
TOTAL	97	77	82	86	64	60	11	13	22	$170,784	$140,696	$158,471	$388,079	$390,954	$580,223

11. FINANCIAL STATEMENTS

HEALTH CARE INSURANCE FUND

FINANCIAL STATEMENTS

MARCH 31, 1983

Auditor's Report

Balance Sheet

Statement of Revenue and Expenditure

Notes to the Financial Statements

AUDITOR'S REPORT

To the Minister of Hospitals and Medical Care

I have examined the balance sheet of the Health Care Insurance Fund as at March 31, 1983 and the statement of revenue and expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

As described in Note 3 to the financial statements, effective January 1, 1982 the Fund commenced to pay for basic health services provided to injured workers coming under the Workers' Compensation Act. Accordingly, expenditures totalling $2,304,324 were included in the statement of revenue and expenditure for the year ended March 31, 1982. The Health Care Statutes Amendment Act, 1983, assented to June 6, 1983, amended the Alberta Health Care Insurance Act and transferred back to the Workers' Compensation Board the responsibility for payment of these health services effective January 1, 1982. An arrangement between the Minister of Hospitals and Medical Care and the Board in accordance with section 82.1 of the Workers' Compensation Act has not as yet been finalized to retroactively authorize payments totalling $26,599,733 paid from the Fund during the period January 1, 1982 to March 31, 1983. These payments, recoverable from the Workers' Compensation Board, have not been included in the statement of revenue and expenditure, but have been included in accounts receivable on the balance sheet.

In my opinion, except for any adjustment that may be required upon finalization of an arrangement between the Minister of Hospitals and Medical Care and the Workers' Compensation Board in accordance with section 82.1 of the Workers' Compensation Act described in the preceding paragraph, these financial statements present fairly the financial position of the Fund as at March 31, 1983 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

DOUGLAS W. ROGERS, C.A.
Auditor General

Edmonton, Alberta
October 17, 1983

HEALTH CARE INSURANCE FUND

BALANCE SHEET

AS AT MARCH 31, 1983

	1983	1982
ASSETS		
Current:		
Cash	$ 35,607,073	$ 81,778,106
Accounts receivable (Note 5)	45,348,461	20,424,369
Contributions receivable from the Province of Alberta	7,888,531	—
	$ 88,844,065	$ 102,202,475
LIABILITIES		
Current:		
Bank indebtedness	$ 4,278,216	$ 1,625,787
Accounts payable	3,790,834	6,290,095
Unexpended funds due to the Province of Alberta	—	25,084,316
Premiums received in advance	2,086,655	2,117,021
Estimated liability for unprocessed and unpresented claims	69,674,393	61,463,779
Estimated liability to the Alberta Blue Cross Plan	9,013,967	5,621,477
	$ 88,844,065	$ 102,202,475

The accompanying notes are part of these financial statements.

HEALTH CARE INSURANCE FUND

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1983

	1983	1982
Revenue:		
Premiums earned, net	$ 147,745,032	$ 140,581,872
Government of Canada contributions (Note 2)	77,372,000	81,542,000
Interest	7,011,984	10,978,560
	232,129,016	233,102,432
Expenditure:		
Basic health services:		
Medical	441,336,493	348,271,263
Chiropractic	18,722,839	16,052,159
Optometric	7,640,182	6,337,626
Podiatric	2,349,337	1,803,901
Oral surgery	6,635,271	4,596,243
Physiotherapy	6,707,954	3,268,514
	483,392,076	380,329,706
Optional	52,728,338	42,111,441
Extended health benefits	22,020,485	17,542,599
Out of province hospital costs	15,648,972	11,469,176
	573,789,871	451,452,922
Excess of expenditure over revenue for the year	341,660,855	218,350,490
Recovery from the Workers' Compensation Board applicable to previous year (Note 3)	2,304,324	—
	339,356,531	218,350,490
Deduct:		
Contributions by the Province of Alberta	339,356,531	218,350,490
	$ —	$ —

HEALTH CARE INSURANCE FUND

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1983

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980.

Note 2 Significant Accounting Policies and Reporting Practices

Government of Canada Contributions

Government of Canada contributions are received pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977 (Canada) and are subject to adjustment. Due to the unavailability of information regarding adjustments to previous years' contributions, or to the current year's contributions, this source of revenue is reported on the basis of information received from the Government of Canada in the year. Adjustments will be reported in the year notification thereof is received.

Changes in Financial Position

A statement of changes in financial position is not provided as disclosure in these financial statements is considered to be adequate.

Note 3 Recovery from the Workers' Compensation Board Applicable to Previous Year

The Workers' Compensation Amendment Act, 1981 and its consequential amendment to the Alberta Health Care Insurance Act, effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for basic health services provided to injured workers coming under the Workers' Compensation Act. The following expenditures for basic health services provided to injured workers were therefore included in the statement of revenue and expenditure for the year ended March 31, 1982 and are also included in the comparative figures in these financial statements:

Medical	$1,700,950
Chiropractic	308,456
Optometric	3,304
Podiatric	247
Physiotherapy	291,367
	$2,304,324

The Health Care Statutes Amendment Act, 1983 (amending Act) was assented to on June 6, 1983 and amended the Alberta Health Care Insurance Act to provide for the transfer back to the Workers' Compensation Board of the responsibility for the cost of health services provided to injured workers coming under the Workers' Compensation Act.

Section 4 of the amending Act states that the amendment is deemed to have come into force on January 1, 1982.

The amending Act also amended the Workers' Compensation Act to authorize the Board to make an arrangement with the Minister of Hospitals and Medical Care for the payment by the Minister of these costs on behalf of the Board. Although this arrangement has not as yet been finalized, the Fund has continued to pay these costs together with hospitalization charges for injured workers.

Accordingly, the above amount of $2,304,324, together with additonal amounts totalling $24,295,409 paid during the year ended March 31, 1983, are included in accounts receivable in these financial statements. Subsequent to March 31, 1983 the Board has reimbursed the Fund for these amounts. (See also Note 5)

Note 4 Recoverable Payments

The Health Care Statutes Amendment Act, 1983 also provided for regulations to be made "respecting and authorizing the types of recoverable payments that may be made out of the Fund". Alberta Regulation 216/81 was amended subsequent to March 31, 1983 to authorize the Minister to make:

a) payments to a hospital in Alberta in respect of insured services provided by the hospital to residents of another province, where the making of such payments is the subject of an agreement between the provinces, and the agreement provides that those payments are recoverable;

b) payments to psychiatrists employed at a mental health facility for services they provide, where the payments are the subject of an arrangement between the Minister of Hospitals and Medical Care and the Minister of Social Services and Community Health, and the arrangement provides that those payments are recoverable from the Department of Social Services and Community Health.

The following recoverable payments have been made which are not included in the statement of revenue and expenditure:

	1983	1982
Hospital costs, reciprocal agreements	$ 20,560,861	$ 5,246,760
Social Services and Community Health sessional payments	4,068,158	3,013,818
	$ 24,629,019	$ 8,260,578

Amounts not recovered as at March 31, 1983 have been included in accounts receivable. (See also Note 5)

Note 5 Accounts Receivable

Accounts receivable consist of the following:

	1983	1982
Workers' Compensation Board payments	$ 26,599,733	$ —
Premiums, less allowance for uncollectible accounts and adjustments	12,232,148	15,476,016
Hospital costs, reciprocal agreements	2,070,432	3,455,541
Social Services and Community Health sessional payments	1,215,598	1,452,062
Other	3,230,550	40,750
	$ 45,348,461	$ 20,424,369

Note 6 Comparative Figures

The 1982 figures have been restated where necessary to conform to 1983 presentation.

Note 7 Approval of Financial Statements

These financial statements were approved by management on October 17, 1983.

POOR

QUALITY

ORIGINAL